

Name
in
Full

Anne Augusta Allecato

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1950	Month Mar	Day 26	Years 71	Months 8	Days
Sex	Female	Color or Race	White		Birth-place	Montgomery Co
Occupation	None	Where Residing if not st place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	John Allecato		Father's Birthplace	Montgomery Co		
Mother's Maiden Name	Elizabeth Miller		Mother's Birthplace	"		
Name of person giving Information	Jacob M Allecato		How related to deceased	Brother		

CAUSES OF DEATH

65 ✓

How long

2 years

Primary

Cerebral Sclerosis

How long

2 years

Immediate

Paralysis of Corded Centre

2 years

Are the name, age, sex, color, date
and place correctly given above?

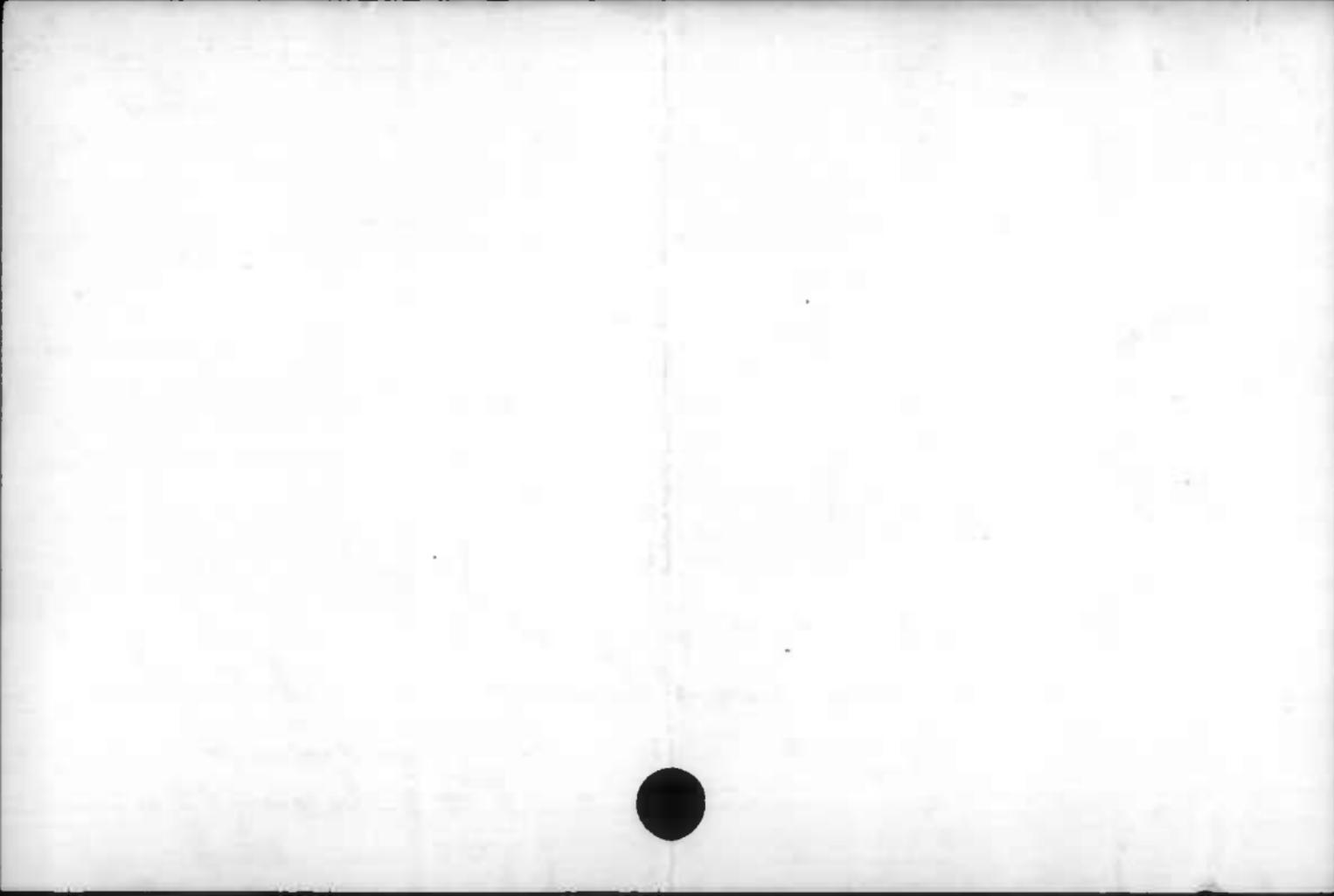
Yes

Signature of Physician

Address

Vivian Deyson
Caytonsille Montgomery Co

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Territorial And

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1900	Month March	Years 62	Months 2	Days	
Sex Male	Color or Race White	Birth-place Maryland			
Occupation Farmer	Where Residing if not at place of death Poolesville				
Married, Single or Widowed Single	Name of Wife or Husband —	Father's Name Asa And	Father's Birthplace Maryland		
Mother's Maiden Name Katherine Siekmann	Mother's Birthplace Maryland	Name of person giving information F. H. And	How related to deceased Nephew		

CAUSES OF DEATH

79

v

How long

Primary Mitral Insufficiency Unknown

Immediate Cocaine asthma 1/8 hrs

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. W. White

Poolesville

Md

H

Accident or Suicide?



Name
in
Full

William A. Bradt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Diad at Washington Grove Montgomery
Month Day Years Months Days
Date of death 1900 March 2 Age 38 +
Sex m Color or Raca W Birth-place Virginia
Occupation Insurance Whare Residing if not at place of death Norfolk, Va
Marriad, Single or Widowad
Name of Wife or Husband Mrs Annie Bradt
Father's Name Schenectady NY
Mother's Maiden Name Charles Town SC
Name of person giving Information a. H. Sewell How related to deceased Nephew
Name of Father's Birthplace
Name of Mother's Birthplace

Primary

Pulmonary tuberculosis

CAUSES OF DEATH

Immediate

Pulmonary tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

John H. Lindsey
Mount Somers
Washington Grove,
Maryland

PHYSICIAN
OR CORONER

Accident or Suicide

No

27

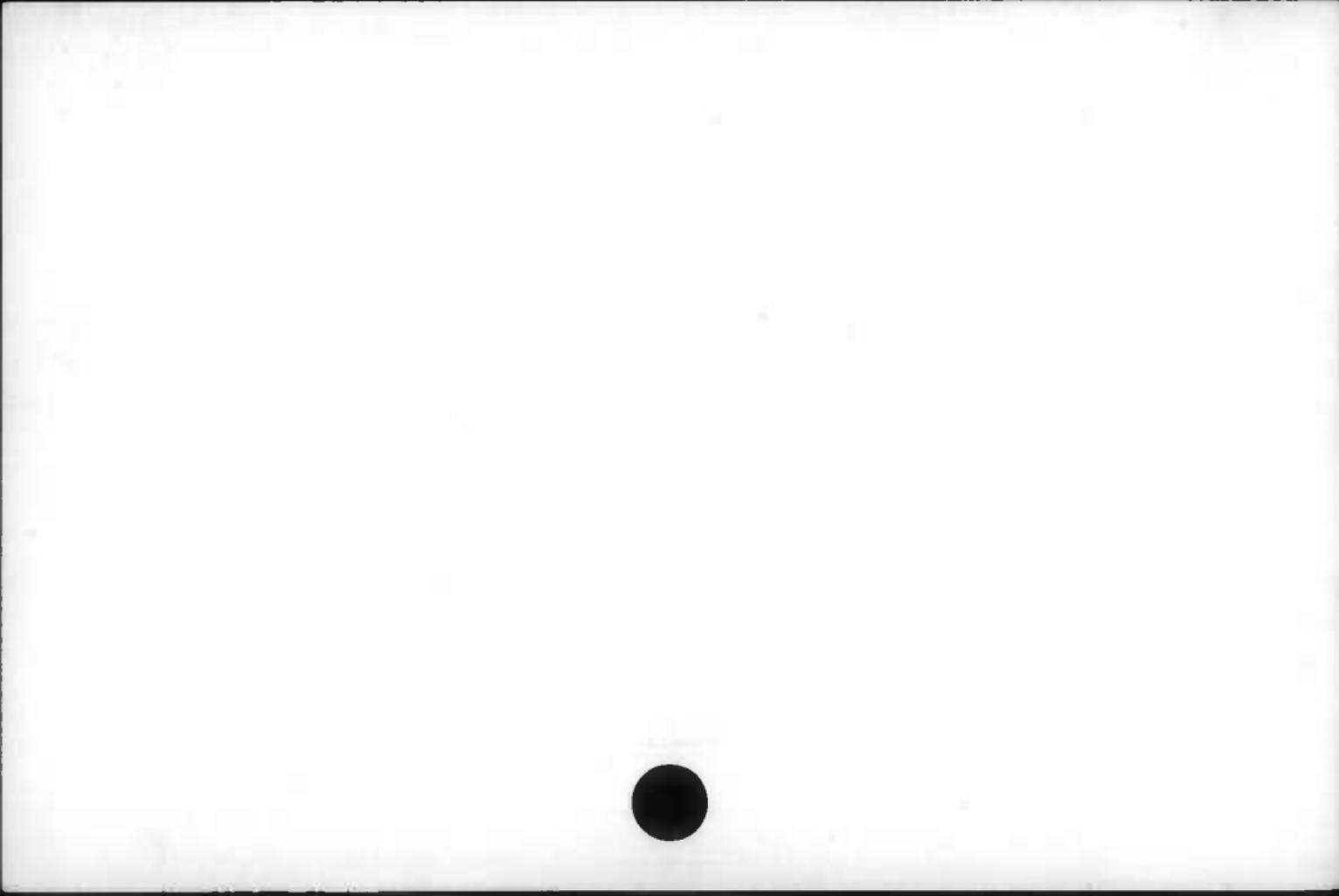
How long

How long

"

few months

"



Name
in
Full

Leonard Garboe Brosius

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY
NEAREST FRIEND

Related

Died at	Town	County	
Barnesville		Montgomery	
Date of death	Month	Day	Years Months Days
1910	March	14	Age 22
Sex	Male	Color or Race	Birth-place
Occupation	Farmer	Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Chas. J. Brosius	Father's Birthplace	Maryland
Mother's Maiden Name	Jennie Trumble	Mother's Birthplace	Maryland
Name of person giving information	Mrs. Thos. Story	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

H

Primary How long

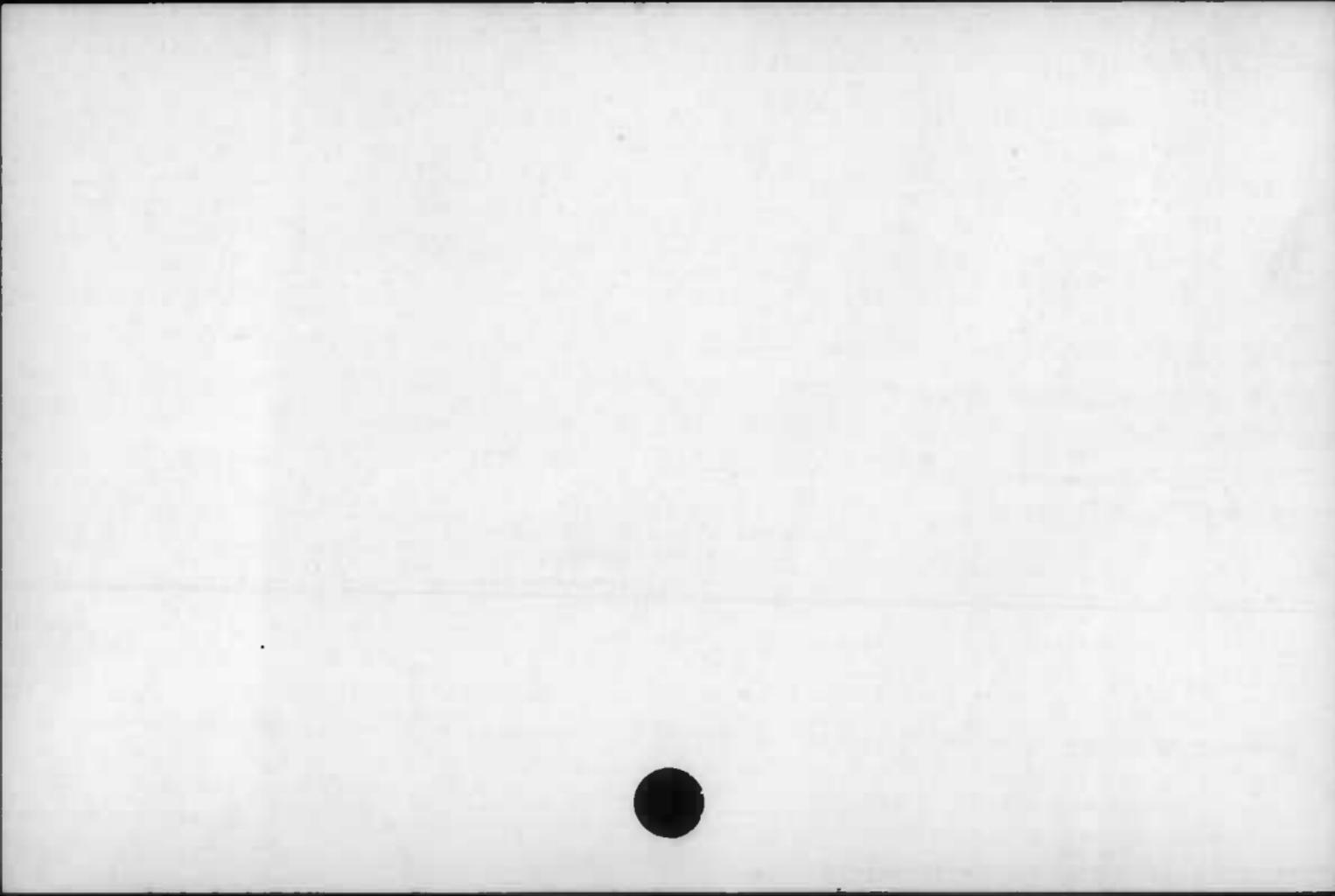
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died near		Town	County		MARYLAND	
Date of death	1910 March	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Vehicle		Montgomery Co., Md.	
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Joy	Bready		
Father's Name	George C. Cashell				Father's Birthplace	Montgomery Co., Md.
Mother's Maiden Name	Ann Elizabeth Catherine Barnsley				Mother's Birthplace	Montgomery Co., Md.
Name of person giving information	Frank Cashell				How related to deceased	Brother

CAUSES OF DEATH

54

How long

13 months

How long

PHYSICIAN
OR CORONER

Primary

Pernicious Anemia.

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

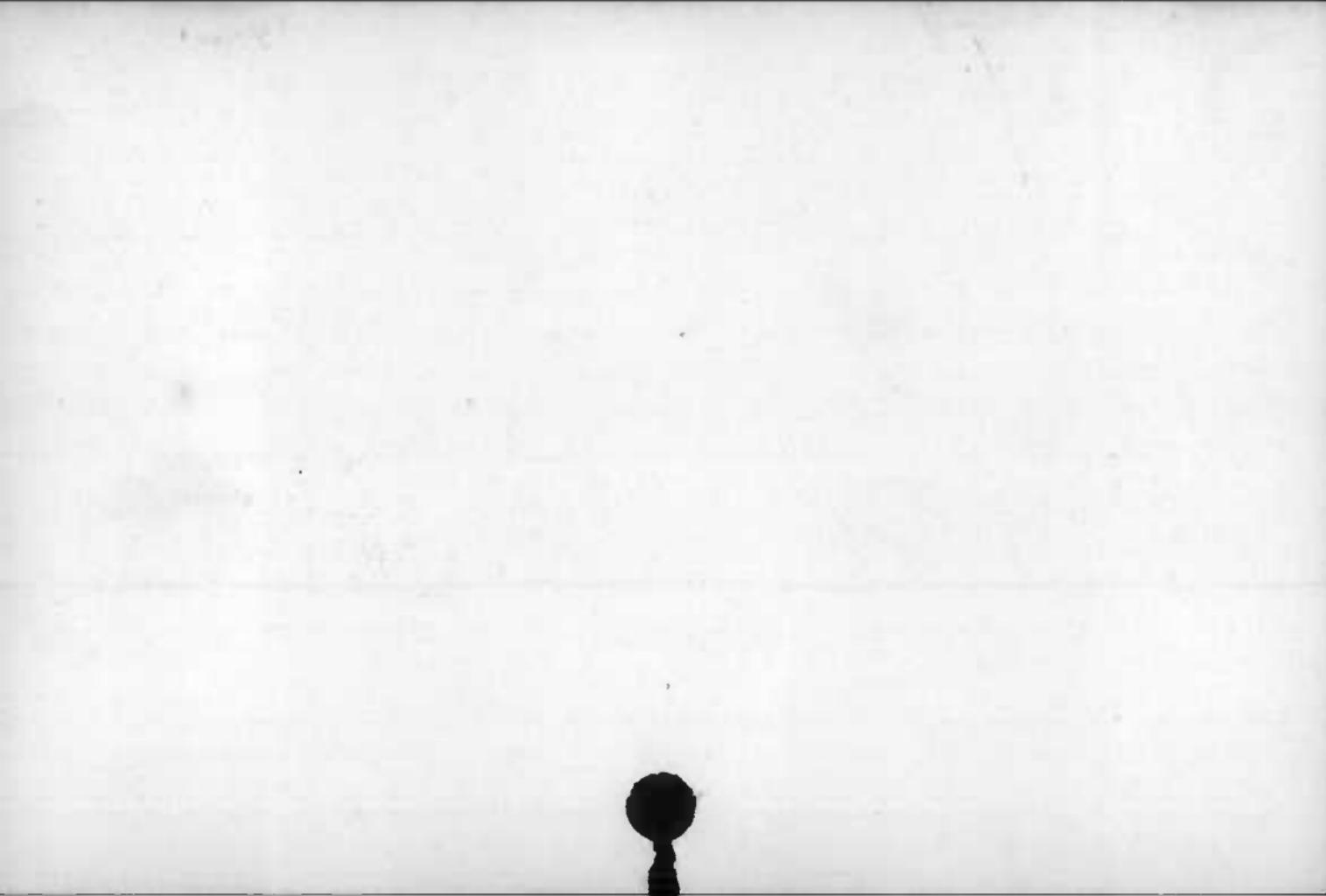
Address

Chas. Fargulian,

Oley.

Md.

Accident or Suicide?



Name
in
Full

Mary Steele Claude

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chevy Chase		County Montgomery		MARYLAND	
Date of death 1960	Month 3	Day 15	Age 85	Years 3	Months 28 Days
Sex Female	Color or Race white	Birth-place Georgetown, D.C.			
Occupation House-wife		Where Residing if not at place of death ✓			
Married, Single or Widowed widowed	Name of Wife or Husband Dennis Claude				
Father's Name Henry Mayader Steele			Father's Birthplace Annapolis		
Mother's Maiden Name Maria Key			Mother's Birthplace Annapolis		
Name of person giving Information Jessie S. Claude			How related to deceased Daughter		

CAUSES OF DEATH

40 ✓

PHYSICIAN
OR CORONER

Primary

Sarcoid

How long ✓

Immediate

Cancer of Stomach

How long 6 months

Are the name, age, sex, color, date and place correctly given above?

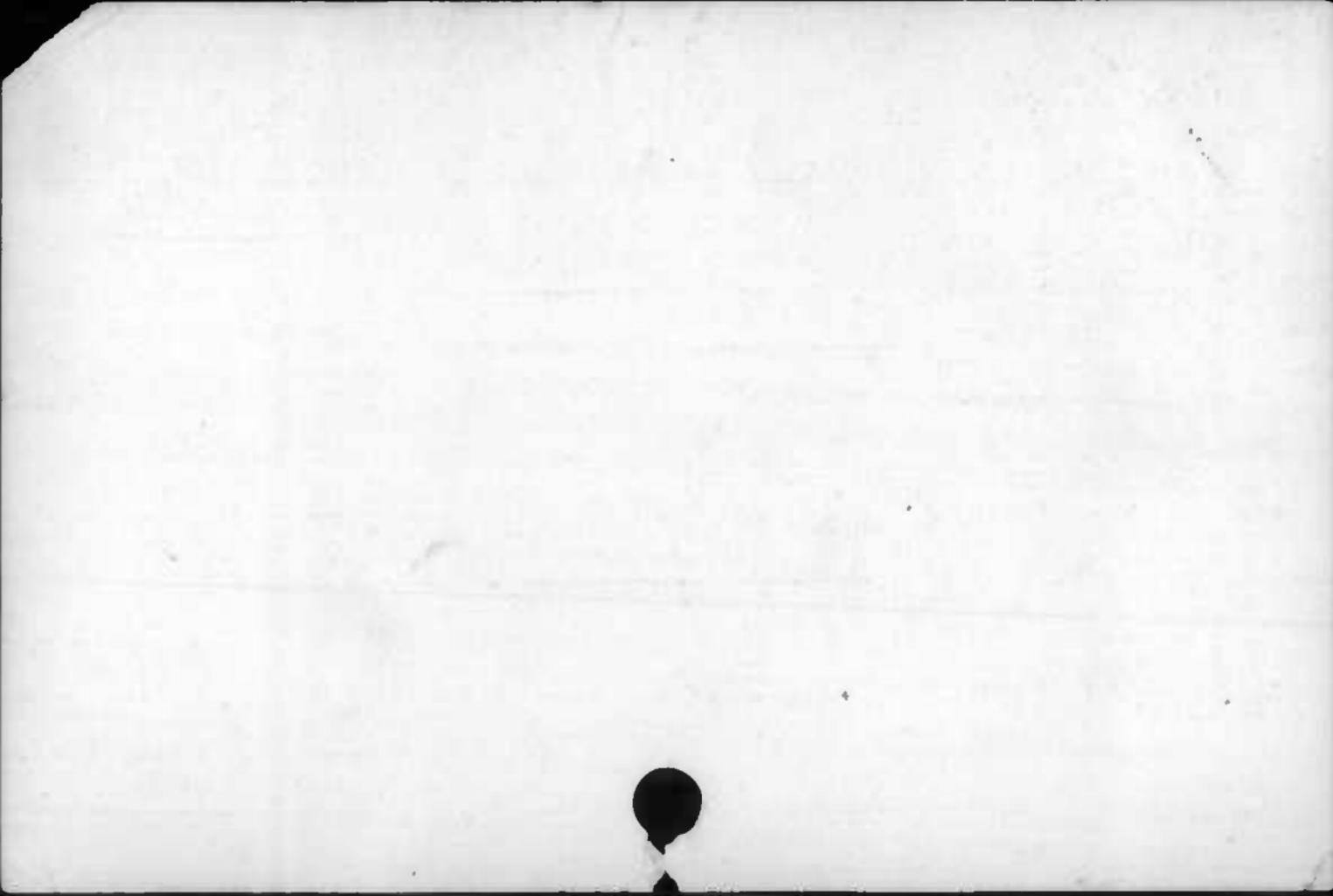
yes

Signature of Physician
Address

Henry L. Lewis, M.D.,
Bethesda, Md.



Accident or Suicide? no.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
Sex	Color or Race	Age	82		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Samuel Cole			
Father's Name	Horace Mitchell				
Mother's Maiden Name	Not Known				
Name of person giving information	John Francis Cole				

CAUSES OF DEATH

64

How long

How long

A few hours

PHYSICIAN
OR CORONER

Primary

Old age & Senility

Immediate

Aphexy

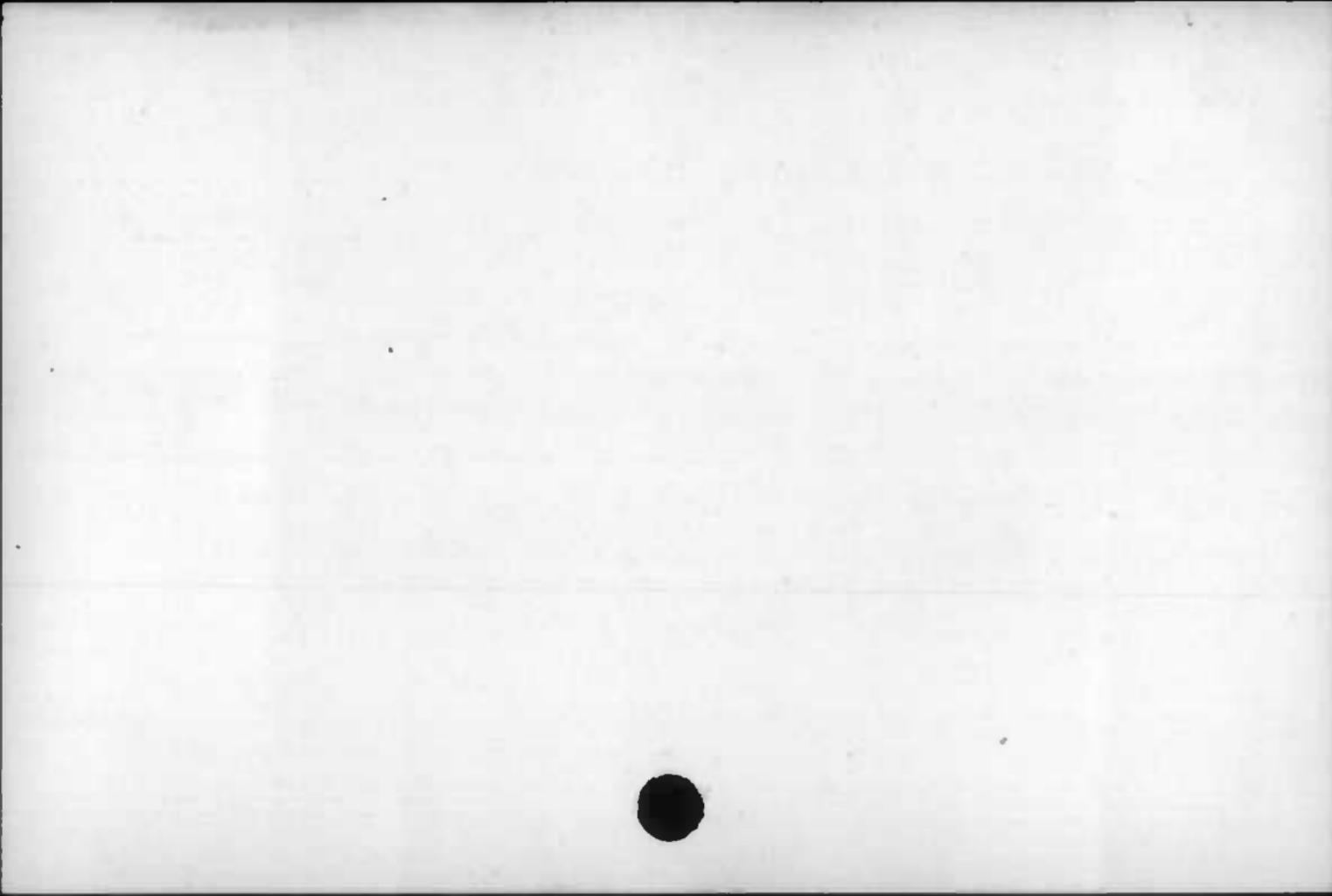
Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth Darby				CERTIFICATE OF DEATH			
Died at	Town			County	MARYLAND		
Seneca	Seneca			Fairfax			
Date of death 1960	Month 3	Day 19	Age 79	Years 79	Months —	Days —	
Sex Female	Color or Race White			Birthplace Maryland	Twenty-third		
Occupation Housewife	Where Residing if not at place of death —						
Married Single or Widowed	Name of Wife or Husband Thomas Darby			Father's Birthplace Maryland	Thomas Darby		
Father's Name Bevoni Dawson			Mother's Birthplace Maryland	Sarah Dusivell		Thomas Darby	
Mother's Maiden Name Sarah Dusivell			Mother's Birthplace Maryland	Dr. L. D. House		House	
Name of person giving Information Dr. L. D. House			How related to deceased Son				

CAUSES OF DEATH

Primary

Bronchitis (not tubercular)

(S9) ✓
How long

Immediate

Asthma

5 yrs
How long
if death

Are the name, age, sex, color, date and place correctly given above?

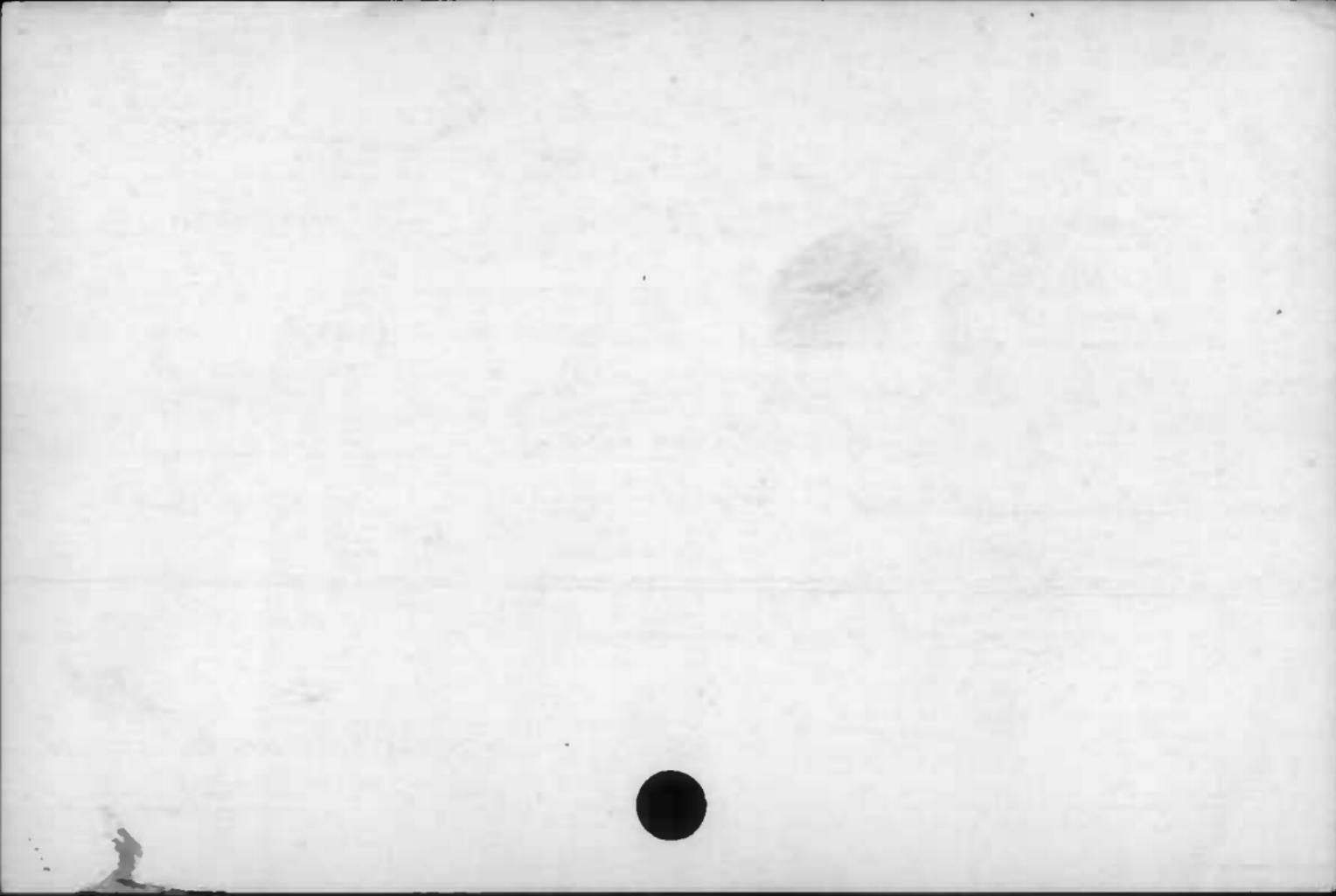
yes

Signature of Physician

Address

L. D. House M.D.
Dawsonville Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Emily Davis

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County
Washington Grove	Montgomery	
Date of death	Month	Years
1910	3	21.
Day		Age
		40
Sex	Color or Race	Birth-place
Female	Colored	Md.
Occupation	Where Residing if not at place of death	
Servant	George Davis	
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband	Father's Birthplace
Basel Hall		Md.
Father's Name	Mother's Birthplace	
Julia Riggs		
Mother's Maiden Name	How related to deceased	
Basel Hall	Father	
Name of person giving information		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Mitral Regurgitation

79

v

Immediate

Exhaustion

How long

1 year

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

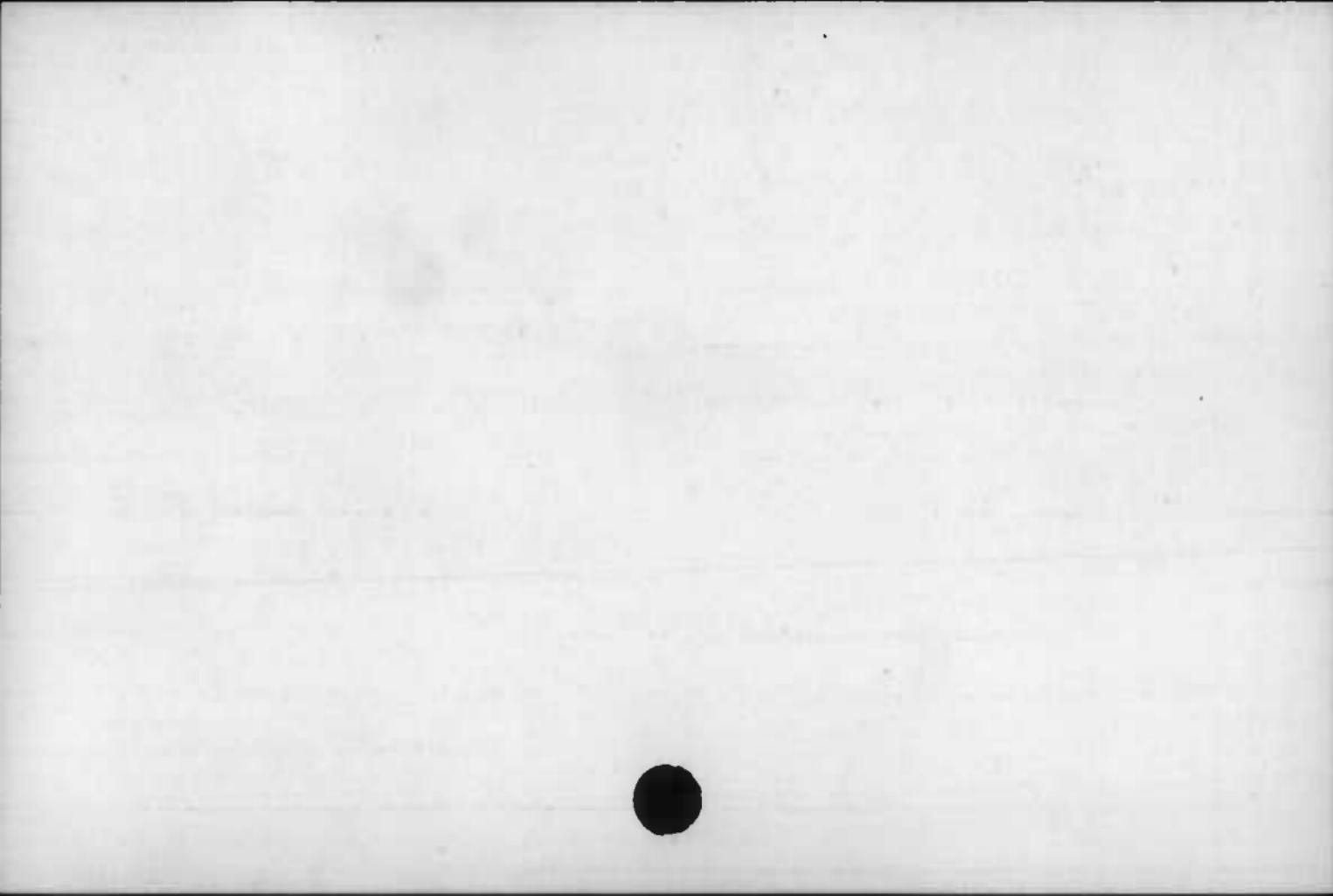
E. C. Etchison

Address

Gaithersburg

Md.

Accident or Suicide?



Name
in
Full

James P. Dill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Died at	Town	County		MARYLAND	
Date of death 1900	Month March	Day 5	Years 83	Months 9	Days unknown
Sex Male	Color or Race White	Birth-place Ireland			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Rebecker Brown				
Father's Name Robert Dill	Father's Birthplace Ireland				
Mother's Maiden Name Esibeller Power	Mother's Birthplace Ireland				
Name of person giving information Florence S. Dill	How related to deceased Daughter				

CAUSES OF DEATH

103

Primary

Heart disease

v

Severe pain

Immediate

acute indigestion

15 to 20 min

Are the name, age, sex, color, date and place correctly given above?

yes

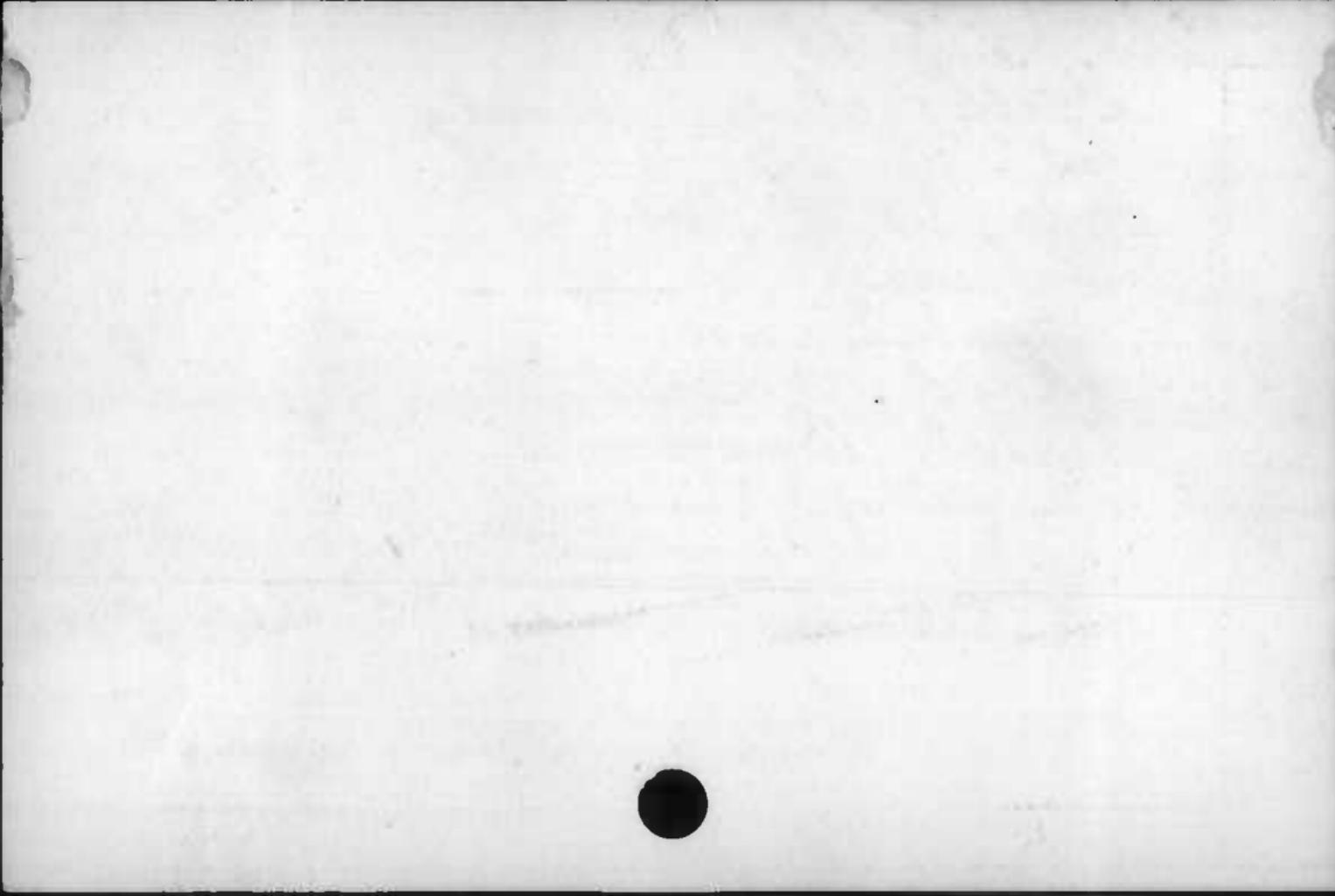
Signature of Physician

H. G. Spurrier

Address

Unity Md

Accident or Suicide?



Name
in
Full

Otha, Duval

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Joseph Duval					Father's Birthplace
Mother's Maiden Name	Dout. Krause					Mother's Birthplace
Name of person giving Information	Otha B. Duval					How related to deceased

CAUSES OF DEATH

27 ✓

PHYSICIAN
OR CORONER

Primary

Pulerculosis of Lungs

How long

12 months,
1 week.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

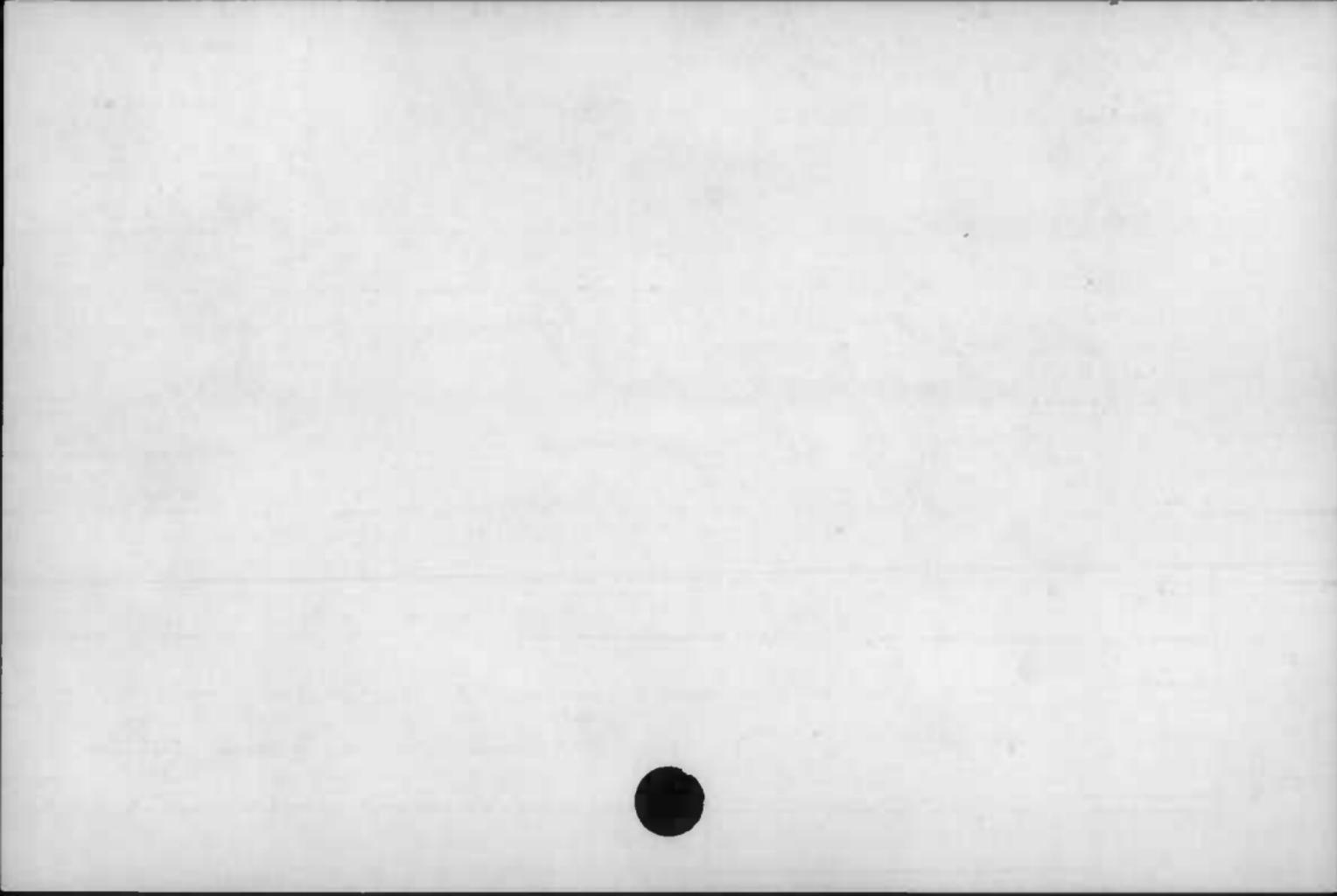
Signature of
Physician

Address

E. E. Elchison

Guthrie

Accident or Suicide?



Name
in
Full

Helia Cecil Fuller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	25	7	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Algernon Fuller			
Father's Name	C. Columbus Cecil				
Mother's Maiden Name	Mary E. Crawford				
Name of person giving information	Florence Lee Kanada				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Cerebral Congestion

64

✓

How long

6 days

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. G. Titchison M.D.

Address

Guthersburg
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Frederick Green				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Joseph Green					Father's Birthplace
Mother's Maiden Name	Nellie James					Mother's Birthplace
Name of person giving Information	Nellie James					How related to deceased

CAUSES OF DEATH

189

How long

3 mos.

How long

few hrs.

PHYSICIAN
OR CORONER

Primary

Nasal mucus
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

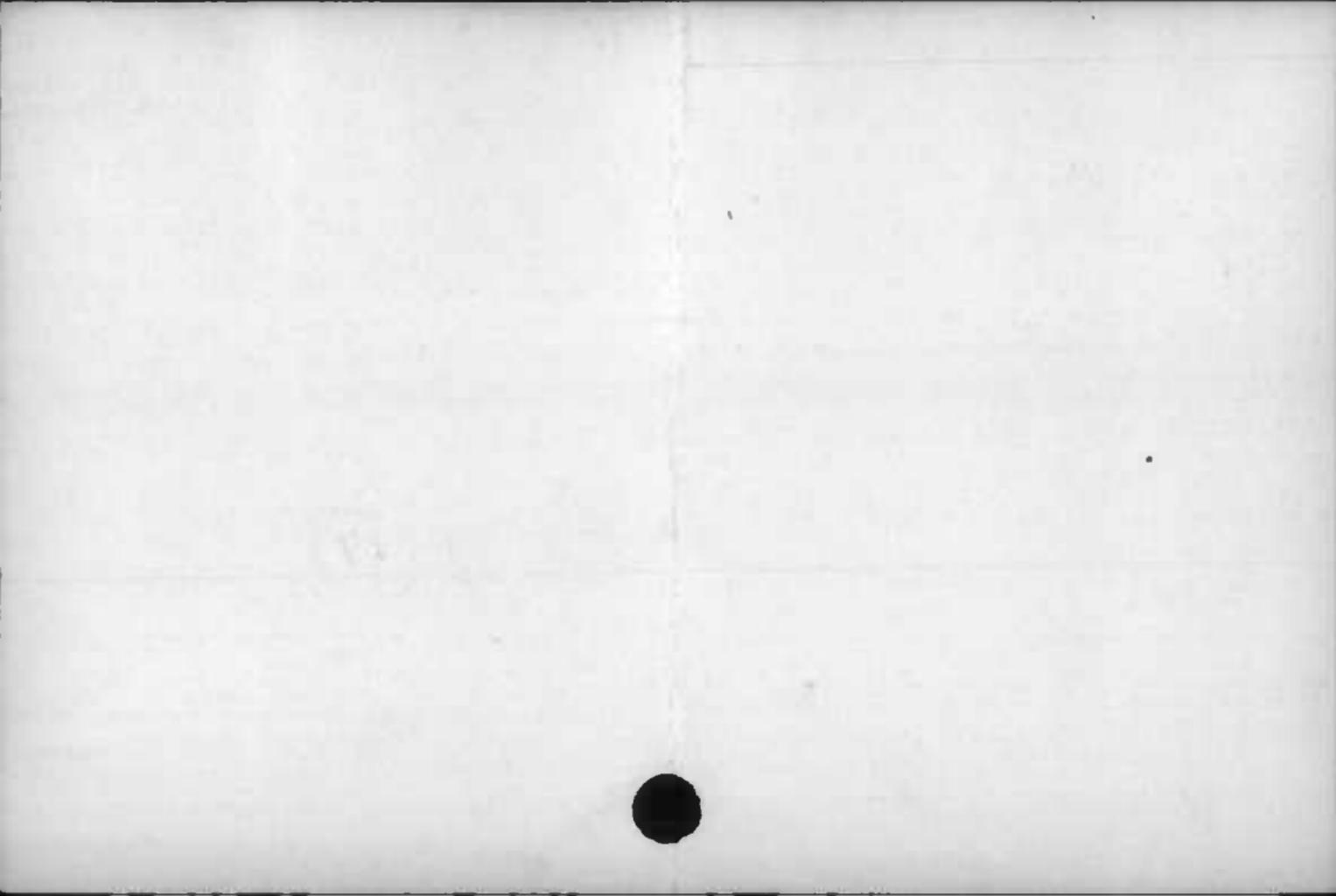
yes

Signature of Physician

Address

W. J. Gallagher.

Accident or Suicide? no



Name
in
Full

Mary Fuling Halm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County				
Died at Washington D.C.	Montgomery				
Date of death 1900	Month March	Day 4	Years 32	Months ?	Days ?
Sex Female	Color or Race W	Age	Birth-place Washington D.C.		
Occupation At home	Where Residing if not at place of death Washington D.C.				
Married, Single or Widowed Divorced	Name of Wife or Husband George L. Ockstadt divorced				
Father's Name Edwin Halm	Father's Birthplace Baltimore Md.				
Mother's Maiden Name Margaret Hunt	Mother's Birthplace Brooklyn, N.Y.				
Name of person giving Information Charles F. Halm	How related to deceased Brother				

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

28

How long

many months

Immediate

Pulmonary tuberculosis

How long

many months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

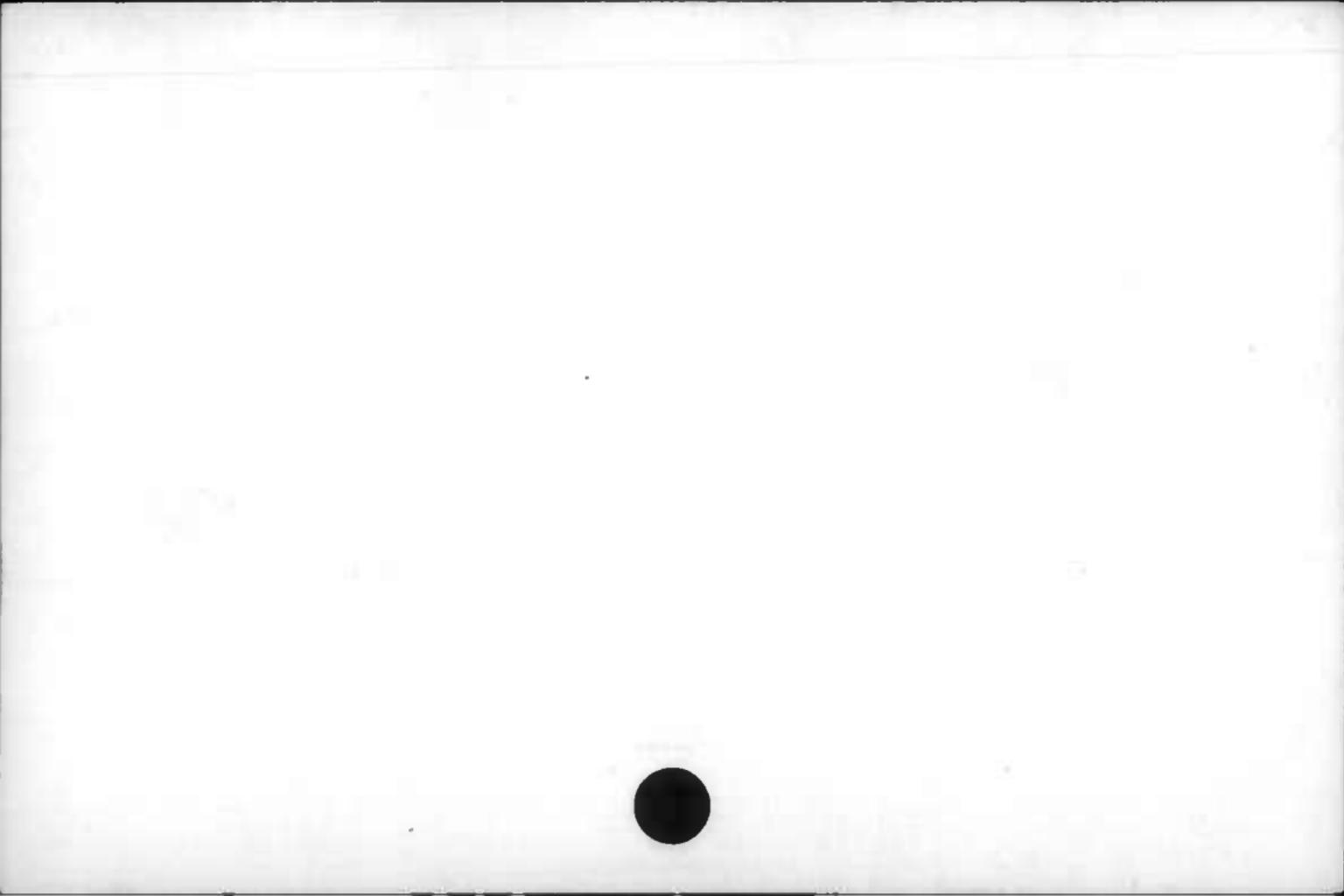
Address

John H. Lindsey
Startmont Sanatorium

Apparently

No

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bennie Hamilton

CERTIFICATE OF DEATH

Town County
Died at Poolesville, Montg. MARYLAND
Month Day Years Months Days
Date of death 1910 Mar 1st Age 68 — —
Sex Male Color or Birth-place
Race Colored Md
Occupation Farm Laborer Where Residing if not
at place of death Poolesville
Married, Single Name of Wife or
or Widowed Widowed Henretta Duffin
Father's Name Chas Hamilton Father's Birthplace Md
Mother's Maiden Name Unknown Mother's Birthplace Unknown
Name of person giving How related to deceased
Information Ann Dorsey Niece

CAUSES OF DEATH

Primary

Arterio Sclerosis

64

How long

Unknown

Immediate

Cerebral Hemorrhage

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

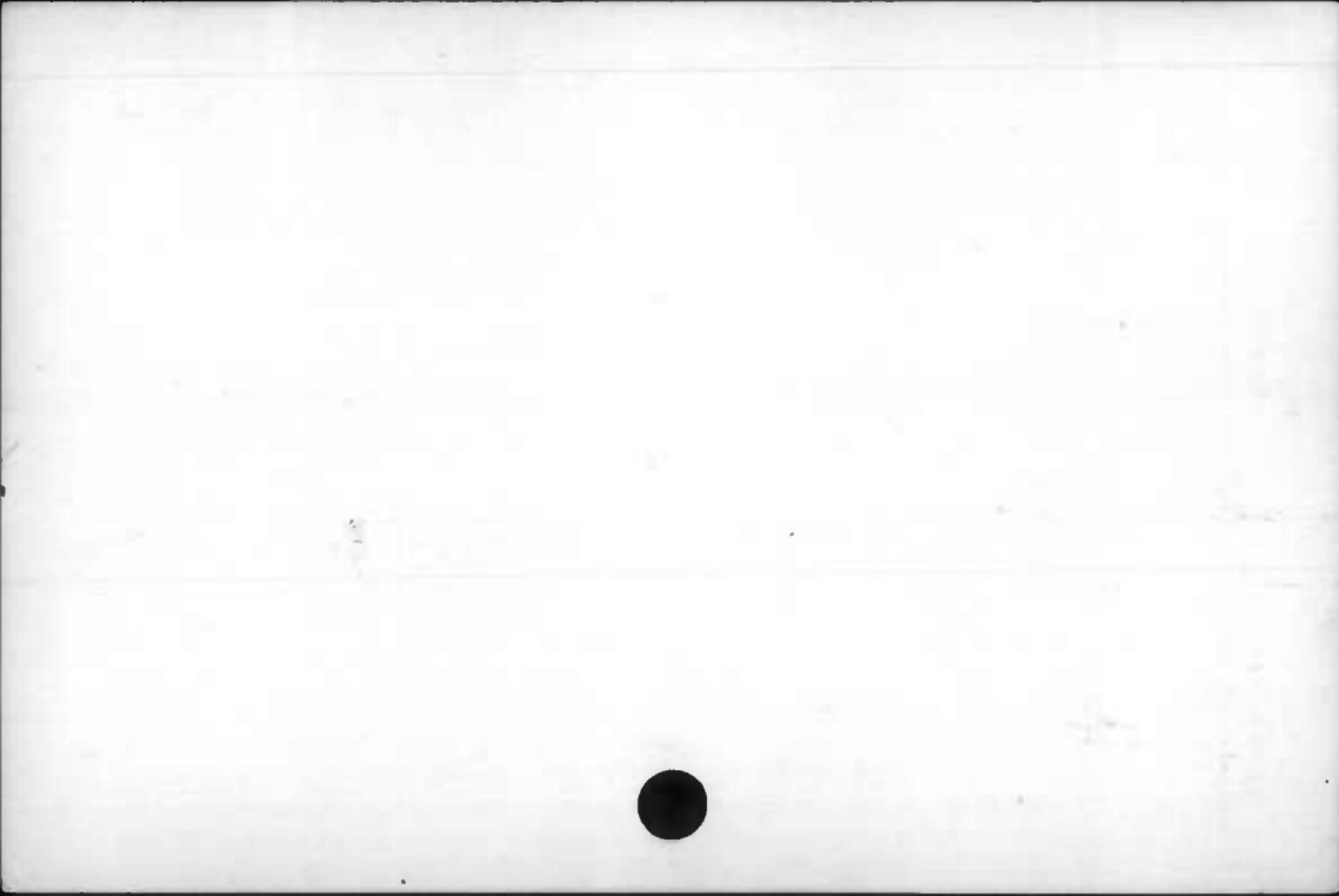
yes

Signature of
Physician

Address

E W White
Poolesville
Md

Accident or Suicide



Name
in
Full

Charles L. Wigdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND							
Died at	Quince Orchard		Montgomery		Month	Days						
Date of death	1910	Month	3	Day	1	Age	70	Years	3	Months	3	Days
Sex	Male	Color or Race	white	Birth-place	Md -							
Occupation	Carpenter		Where Residing if not at place of death	Sacue								
Married, Single or Widowed	Married	Name of Wife or Husband	Susan Lewis									
Father's Name	John T. Wigdon		Father's Birthplace	Md								
Mother's Maiden Name	Achisia Lewis		Mother's Birthplace	Md								
Name of person giving Information	Mrs James Purdum		How related to deceased	Daughter								

CAUSES OF DEATH

9k

How long

20 yrs

Primary

Bronchitis

Immediate

Broncho Pneumonia

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

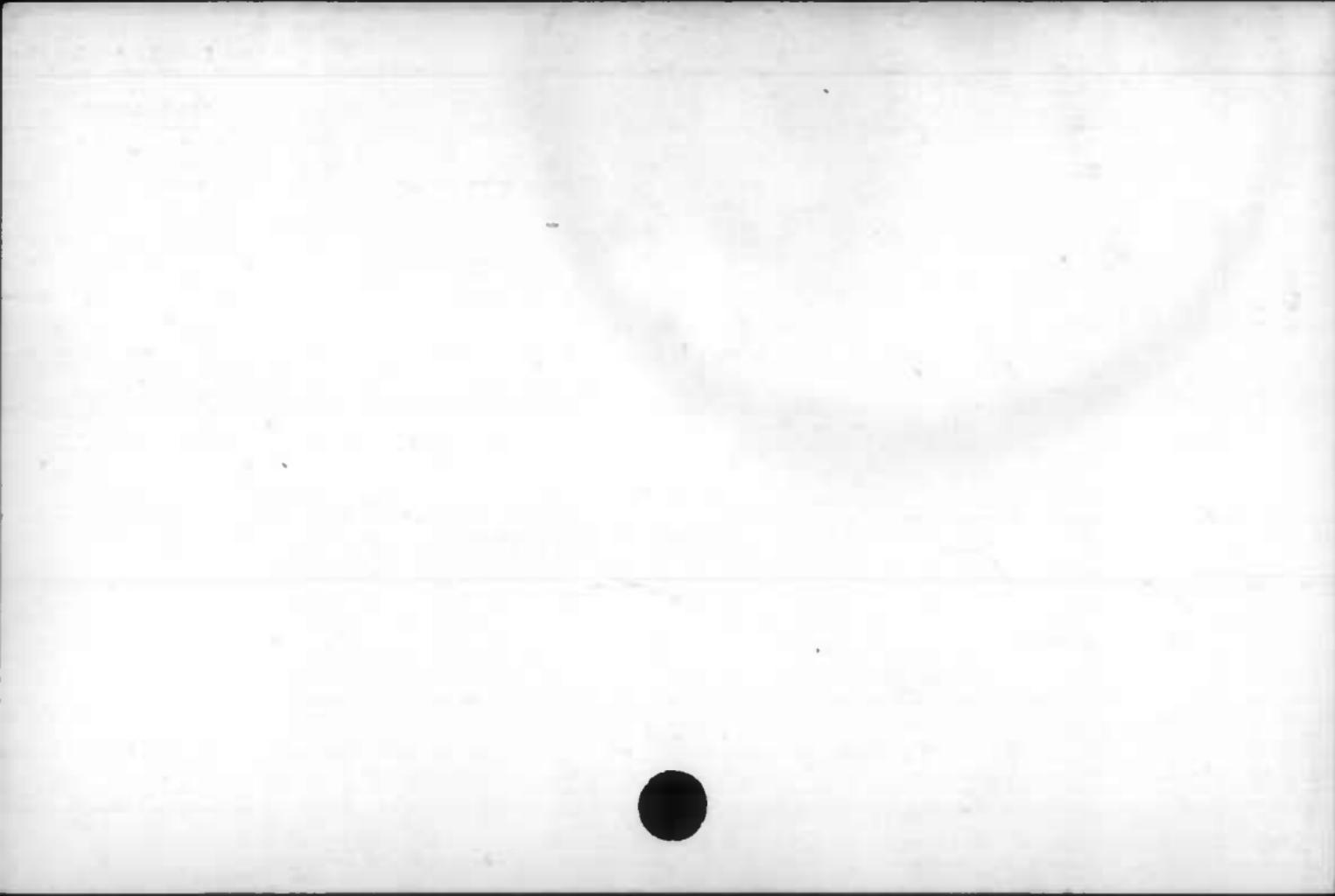
yes

Signature of Physician

Address

H. B. Haddox
Gaithersburg
Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Wat Hodge

CERTIFICATE OF DEATH

Died at <u>near Rockville</u>		Town	County <u>Montgomery</u>		MARYLAND		
Date of death <u>1910</u>	Month <u>3</u>	Day <u>26</u>	Age <u>90</u>	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	
Sex <u>Male</u>	Color or Race <u>Mulatto</u>	Birth-place <u>Maryland</u>					
Occupation <u>None</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <input checked="" type="checkbox"/>						
Father's Name <u>Unknown</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving Information <u>Philip Case</u>	How related to deceased <u>Not at all</u>						

CAUSES OF DEATH

66

How long

Three years.

How long

Five days

Primary

Senile Debility

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Edward Anderson M.D.
Rockville, Md.

Accident or Suicide?



Name
in
Full

Louisa Jackson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	68	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	George Jackson			
Father's Name	Howard Co., Md.				
Mother's Maiden Name	Howard Co., Md.				
Name of person giving Information	How related to deceased				

Norbecke Neoulgomerry

1940 March 6th

Female Colored

Housewife

Married

George Jackson

Benjamin Hopkins

Not known

George Jackson

Husband.

CAUSES OF DEATH

(10)

✓

PHYSICIAN
OR CORONER

Primary: Grippe
Immediate: Pneumonia.

Are the name, age, sex, color, date and place correctly given above?

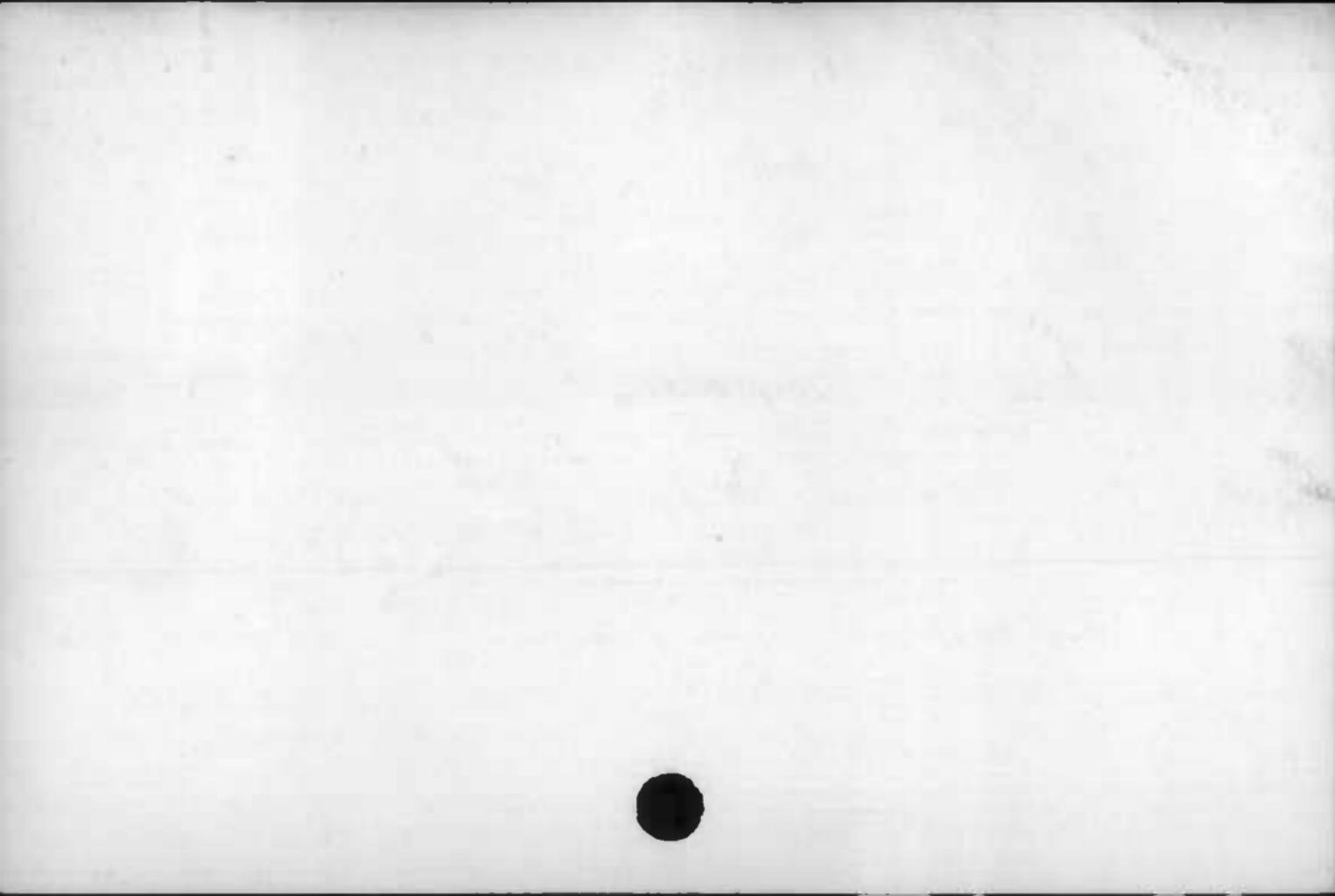
Yes

Signature of Physician

Address

Chas. Farquhar.
Olney.
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles Lockman

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Arthur Lockman			Father's Birthplace	Maryland Co.
Mother's Maiden Name	Martha			Mother's Birthplace	unknown
Name of person giving information	Jack Nettles			How related to deceased	none

CAUSES OF DEATH

27

Primary Pulmonary Chistisis

✓
How long

About 4 months

Immediate Heart disease

How long

unknown

Are the name, age, sex, color, date and place correctly given above?

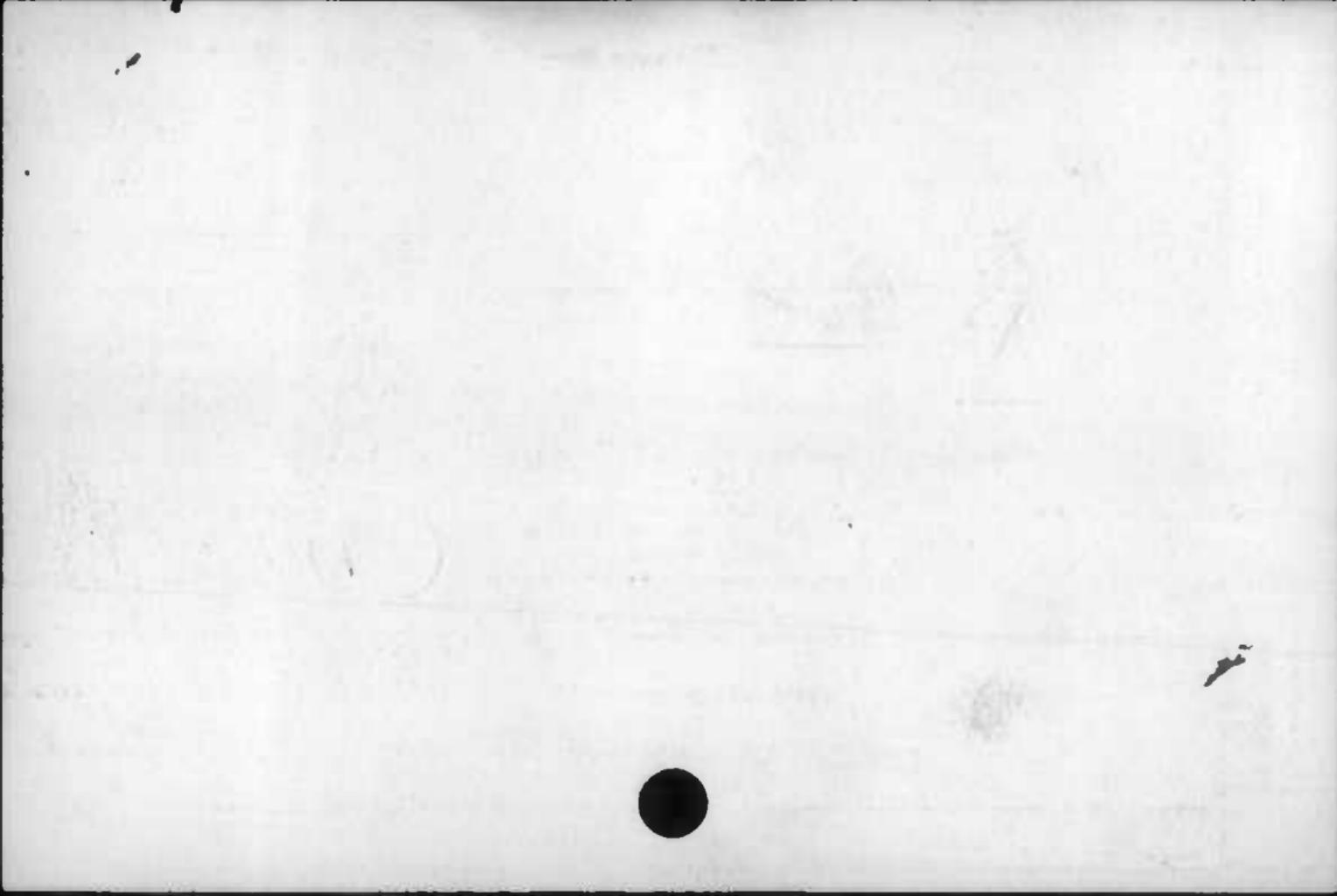
Yes

Signature of Physician

Address

H. D. Symmes
Gaithersburg Md

Accident or Suicide?



Name
in
Full

Elanor Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Clarksville	Town	County	MARYLAND
Date of death	1920	Month	Day	Year
Sex	Female	Color or Race	Age	10
Occupation	House	Where Residing if not at place of death	Birth-place	Clarksville Md.
Married, Single or Widowed		Name of Wife or Husband	Father's Birthplace	Hughesburg Md.
Father's Name	Lehman W. Mason			Clarksville Md.
Mother's Maiden Name	Elijah Sidonia Weiss			Father
Name of person giving Information	Lehman W. Mason			

CAUSES OF DEATH

Primary

Pneumonia



Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

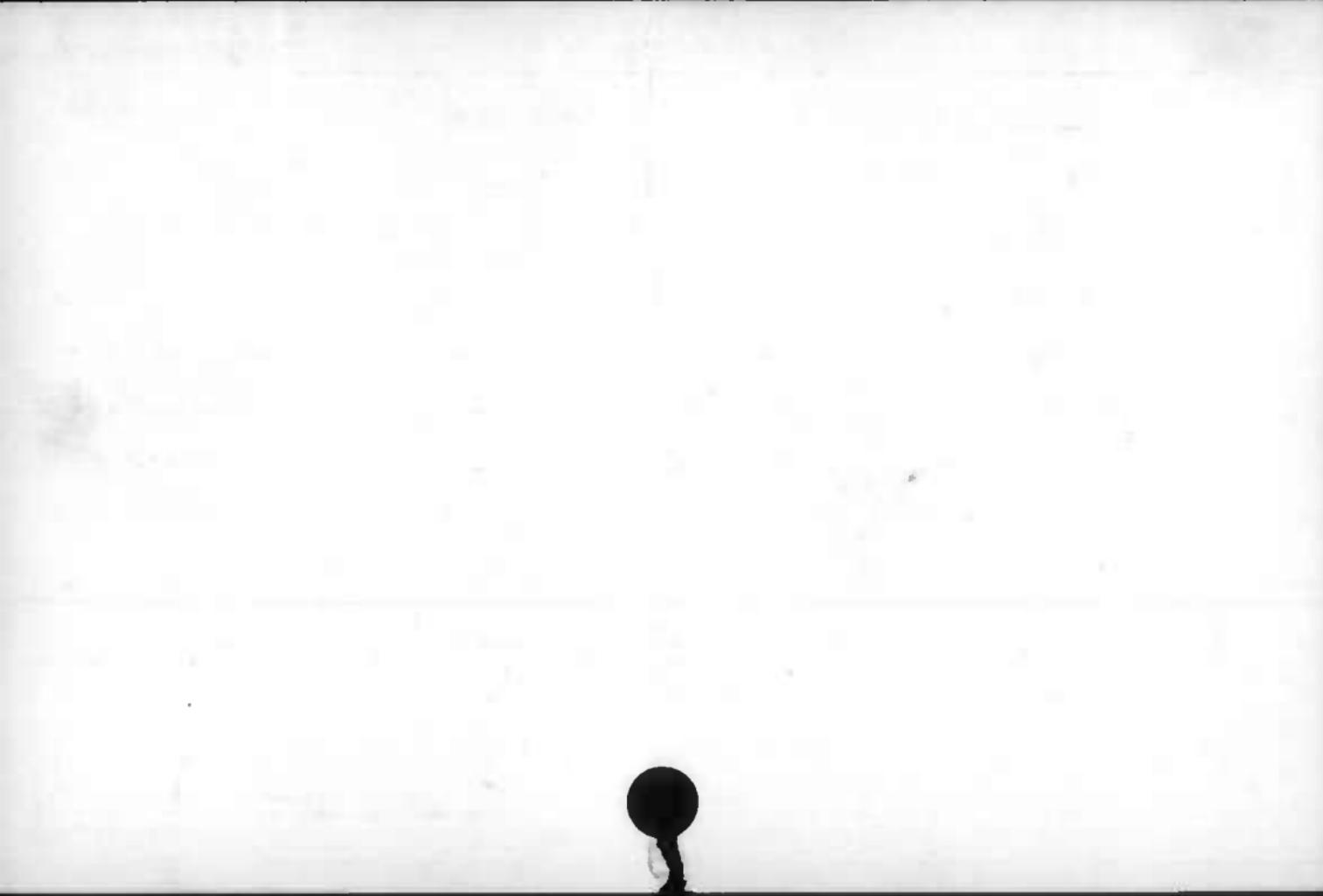
Signature of Physician

Address

J. E. Scott
Clarksville Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hamilton Will

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1960	Month 3	Day 31	Years 54	Months -	Days -
Sex	male	Color or Race	white	Birthplace Germania Md		
Occupation	farmer		Where Residing if not at place of death			
or Widowed			Name of Wife or Husband	Eula Beagle		
Father's Name	John Will		Father's Birthplace	Maryland		
Mother's Maiden Name	No record available		Mother's Birthplace	Maryland		
Name of person giving information	Peter J. Slavy / Danversville		How related deceased	son		

CAUSES OF DEATH

Primary

Bronchial Asthma

96

How long

10 yrs

Immediate

Asthma

2da

Are the name, age, sex, color, date and place correctly given above?

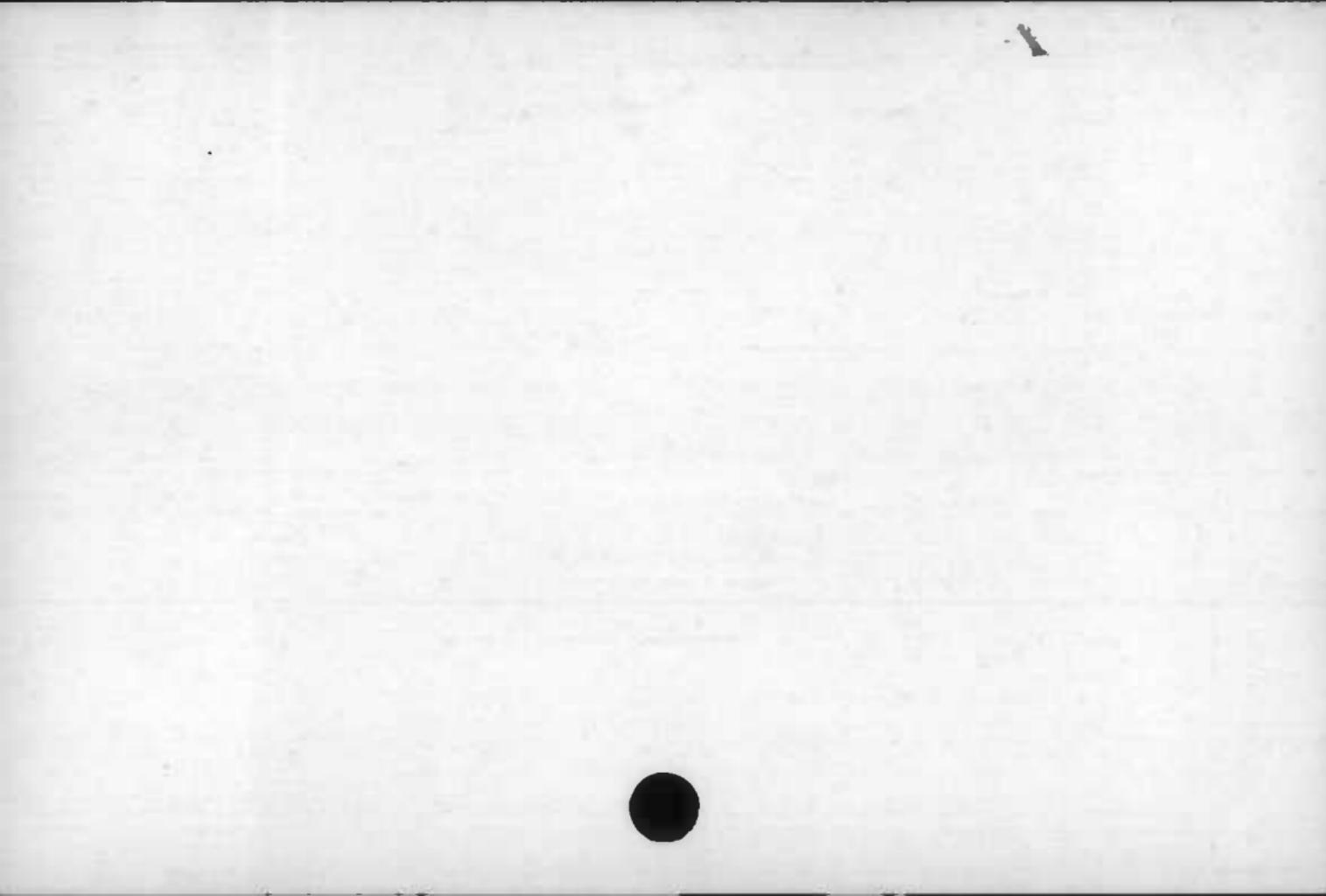
yes

Signature of Physician

Address

J.D. House Md
Danversville Md

Accident or Suicide?



Name
in
Full

Richard H. Mills

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	88	5	10
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Margaret Mills			
Father's Name	Jas. H. Mills	Father's Birthplace Md			
Mother's Maiden Name	Salby	Mother's Birthplace " "			
Name of person giving Information	Ros. Mills	How related to deceased Son			

CAUSES OF DEATH

120

How long

4 years

How long

1 week

PHYSICIAN
OR CORONER

Primary

Bright Disease

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

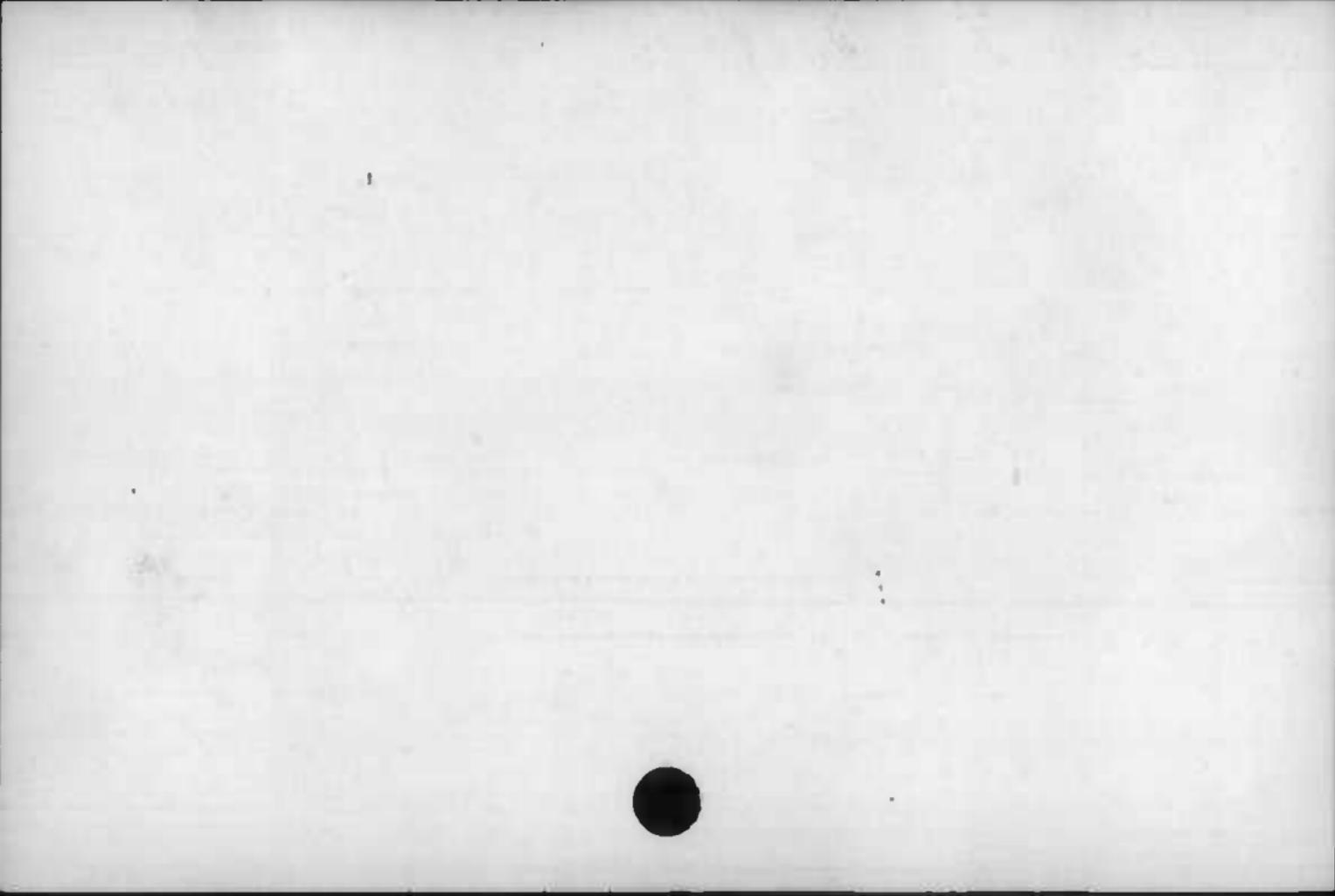
Signature of Physician

E. C. Tchison

Address

Gathersburg
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Infant of Thos. Louisia Roland

Died at Daffy Town Baltimore County Md.

Date of death 1910 Month 3 Day 16 Age — Years — Months — Days —

Sex Male Color or Race Colored Birth-place Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Thos. Roland Father's Birthplace Md.

Mother's Maiden Name Louisia Camel Mother's Birthplace "

Name of person giving Information Thos. Roland How related to deceased Father

CERTIFICATE OF DEATH

MARYLAND

CAUSES OF DEATH

151 ✓

How long

1 day

How long

1 day

Primary

Exhaustion

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

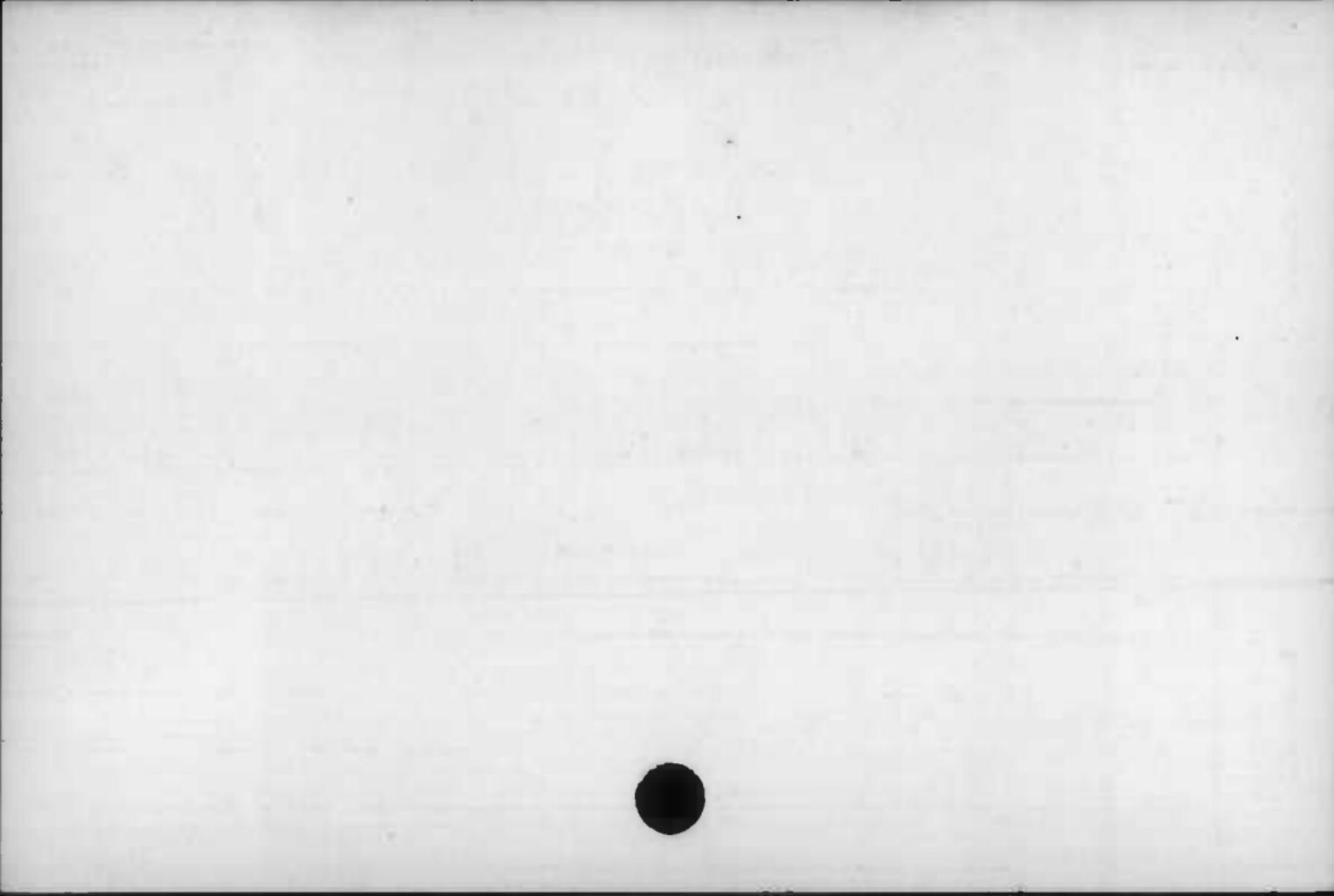
Address

E. C. Echinson

Gathursburg

200

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Accident or Suicide

CERTIFICATE OF DEATH

MARYLAND

John O'Donnell, Ashton, Montgomery, Maryland
Died at Town County
Month Day Years Month Day
Date of death 1900 March 25 Age 78 yrs.
Sex Male Color or Birth-place Race Maryland
Occupation Farmer Where Residing if not
at place of death Near Ashton
Married, Single Name of Wife or Husband None
or Widowed Father's Name Ireland
Mother's Maiden Name McKown Mother's Birthplace Ireland
Name of person giving Information Hugh O'Donnell How related to deceased Nephew

CAUSES OF DEATH

Primary

Arterio-Capillary Sclerosis

81

How long

Five years

Immediate

Heart Failure

How long

Instantaneous

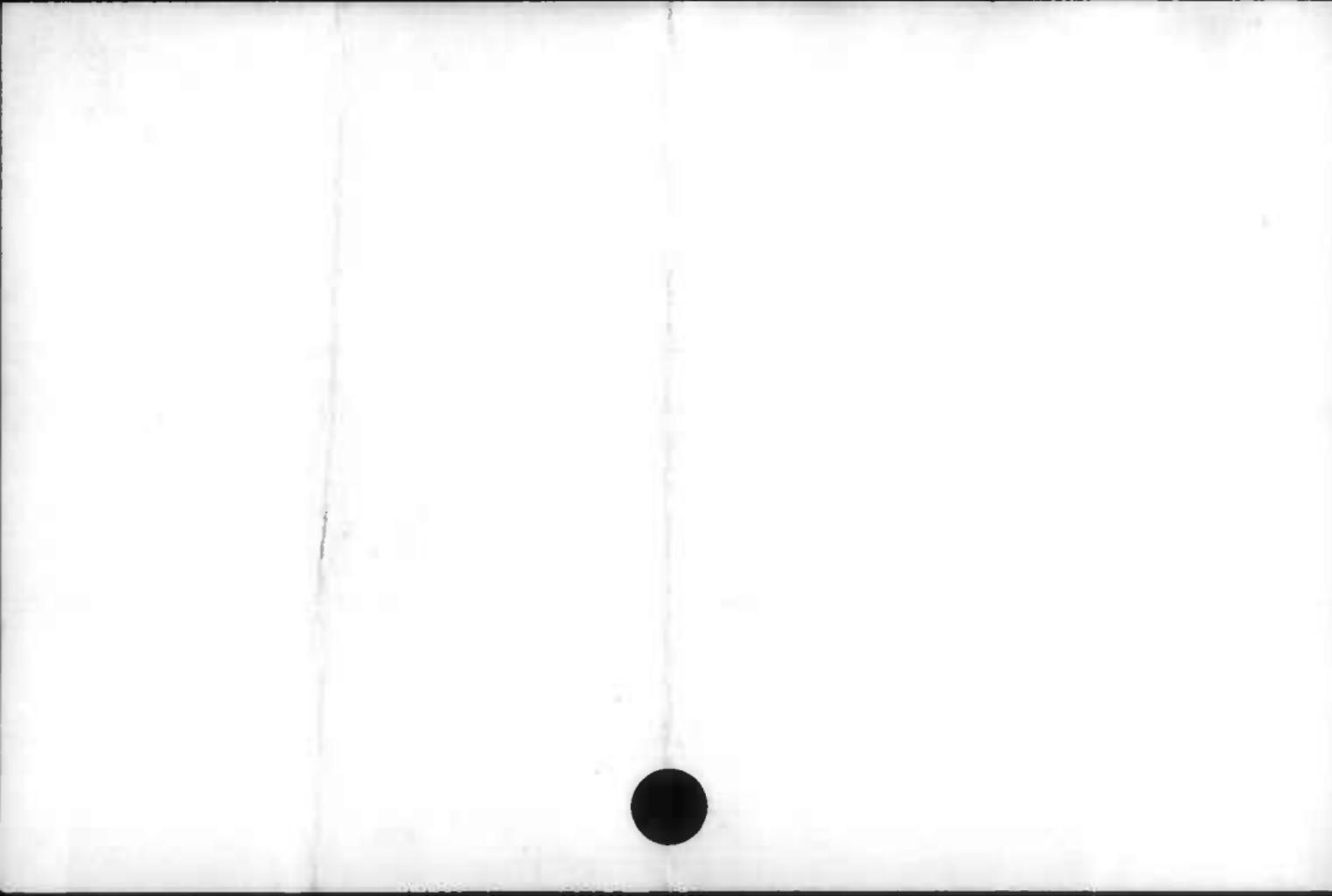
Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W.W.L. Cissel
Highland Md.



Name
in
Full

Nettie Perry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at Washington Grove	Montgomery	
Date of death 1910	Month March	Day 24
Age 25	Years	Months 4
Days 12		
Sex Female	Color or Race White	Birth-place Spring Hope, N.C.
Occupation Telegraph Operator	Where Residing if not family living at Bowling Green, Va.	
Married, Single or Widowed Single	Name of Wife or Husband	
Father's Name Robert M. Perry	Father's Birthplace N.C.	
Mother's Maiden Name Ida Stiles	Mother's Birthplace Nash Co., N.C.	
Name of person giving information Moda Perry	How related to deceased Mother	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary tuberculosis

How long

Many months

Immediate

Pulmonary tuberculosis

How long

Many months

Are the name, age, sex, color, date, and place correctly given above?

Signature of Physician

Address

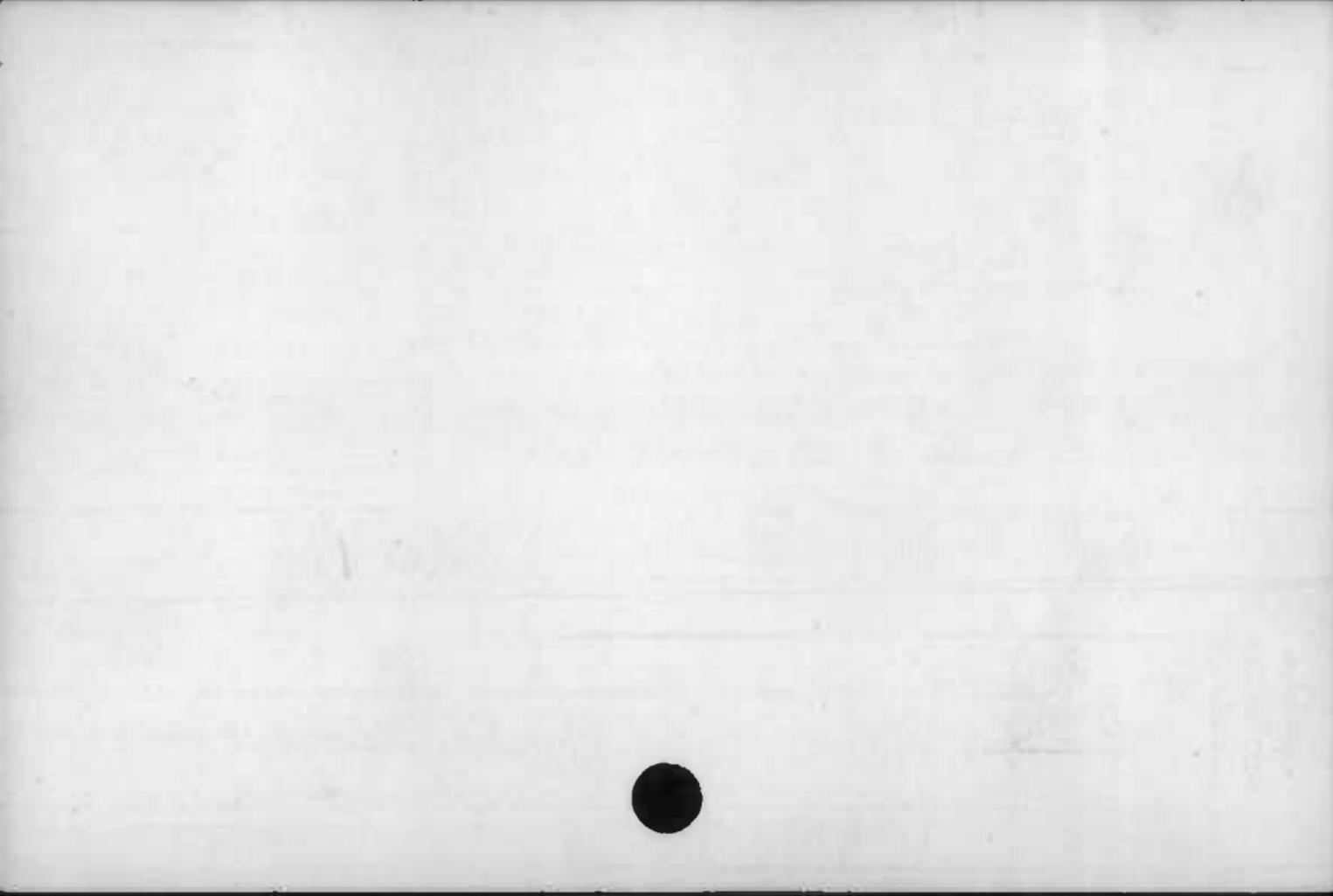
apparently

John Stilesley
Starrett Sanatorium

Washington Grove, Md.

Accident or Suicide?

No



Name
in
Full

Laura Lee Rawlins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Germantown County Montgomery MARYLAND

Died at Died at Date of death Month Day Age Years Months Days
1960 3 9 61 2 9

Sex Female Color or Race white Birth-place Md -
Occupation Housewife Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband J. H. Rawlins

Father's Name Wm. Chiswell Father's Birthplace Md

Mother's Maiden Name Rachael Leechael Mother's Birthplace Md

Name of person giving Information J. H. Rawlins How related to deceased Husband

CAUSES OF DEATH

Primary

Labar Pneumonia

93

V

8 days -

Immediate

Exhaustion (Heart Failure)

How long

Are the name, age, sex, color, date and place correctly given above?

yes

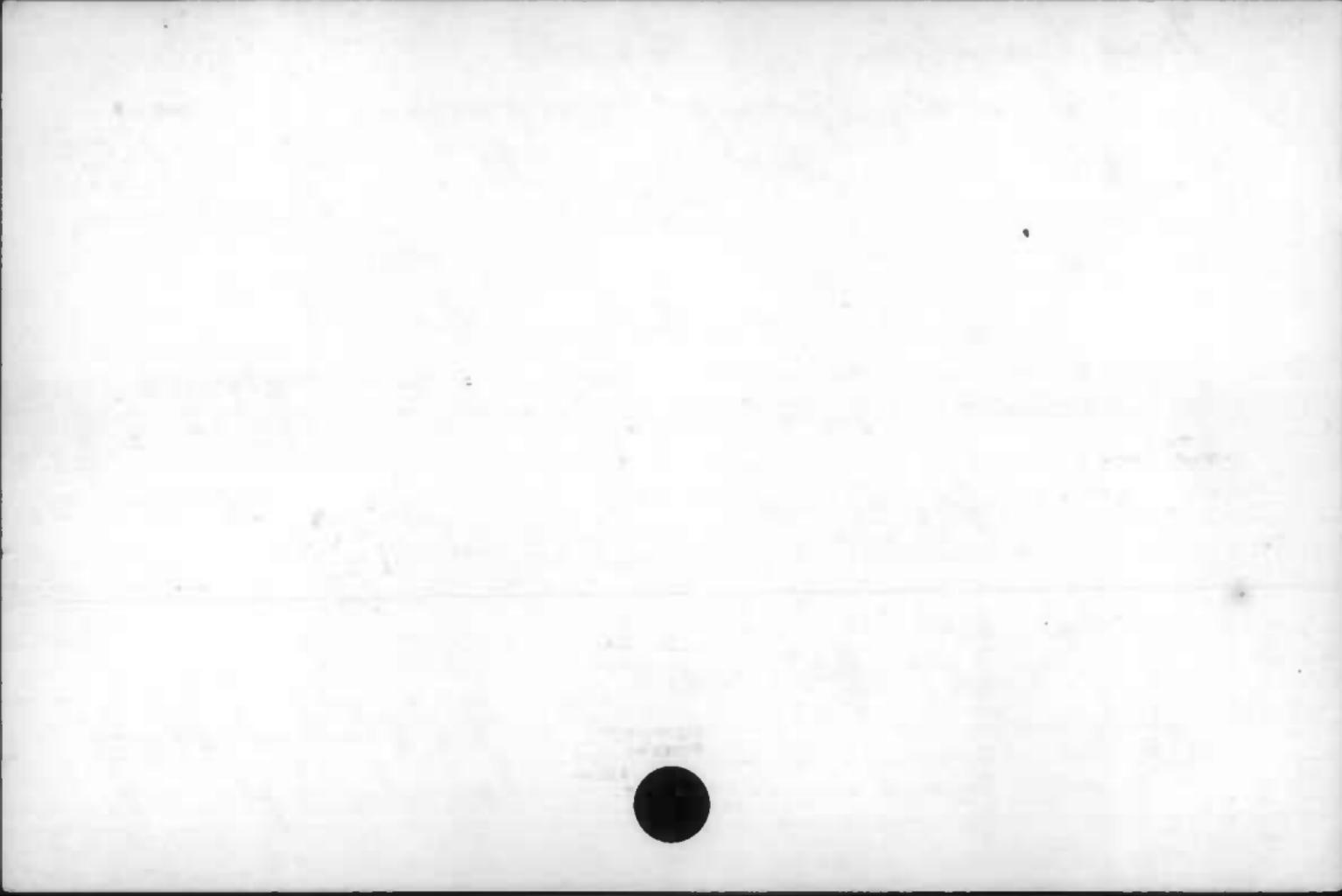
Signature of Physician

Address

H. B. Haddox
Gaithersburg
Md.



Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Caroline B. Scott

CERTIFICATE OF DEATH

MARYLAND

Died at Sandy Spring Maryland

Date of death 1940 Month 3 Day 26 Age 86 Months 4 Days 1.

Sex Female

Color or Race

White

Birth-place

Baltimore

Occupation

House.

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Elson Scott

Father's Name

/

Father's Birthplace

Rockaway

Mother's
Maiden Name

/

Mother's Birthplace

Bellmore

Name of person giving
Information

Elizabeth Scott

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Old age

154

How long

3 days.

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

yes

J. H. Bird M.D.
Sandy Spring
Md.

Accident or Suicide

Name
in
Full

Elias Senn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Died at New Haven Park			County	MARYLAND						
Date of death	1960	Month	3	Day	21	Years	Age	64	Months	—	Days
Sex	Male	Color or Race	Colored	Birth-place	Md.						
Occupation	Sat over	Where Residing if not at place of death	Suzie Senn								
Married, Single or Widowed	Moved	Name of Wife or Husband	Father's Birthplace	Md.							
Father's Name	Dick.		Mother's Birthplace	Md.							
Mother's Maiden Name	Dick.		How related to deceased	wife							
Name of person giving Information	wife		93	4 days							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

v

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

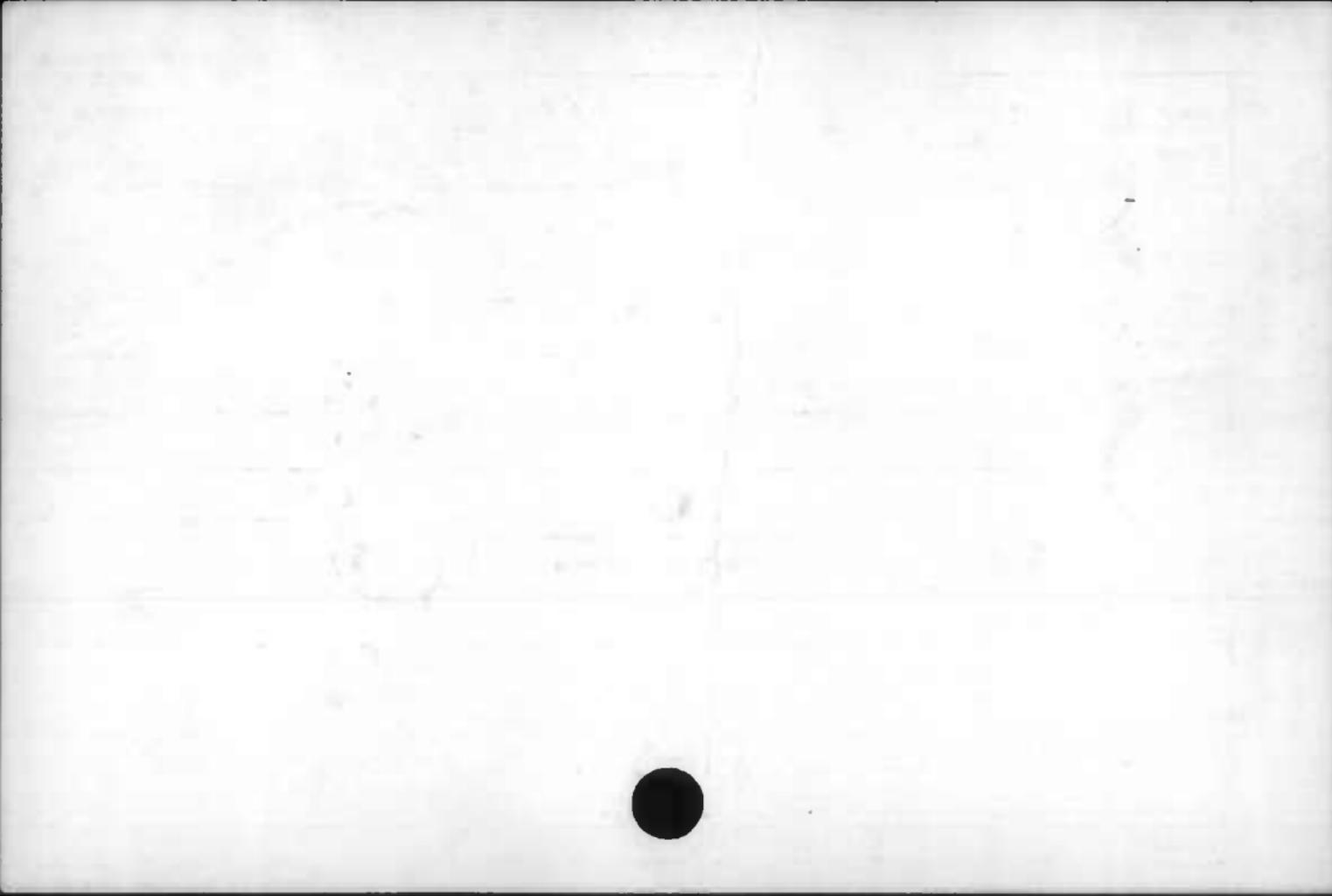
yes

Signature of Physician

Address

D. A. Linton
Roseland
Md.

Accident or Suicide



Name
in
Full

Annie E. Trundle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Gaithersburg County

MARYLAND

Date of death 1900 Month 3 Day 29 Age 79 Months 3 Days —

Sex Female Color or Race white

Birth-place Md.

Occupation Retired Where Residing if not at place of death Same

Married, Single or Widowed widow

Name of Wife or Husband James O Trundle

Father's Name Runus Dorsey

Father's Birthplace Md.

Mother's Maiden Name Jane T Dorsey

Mother's Birthplace Md.

Name of person giving Information Jas. E. Trundle

How related to deceased Step son

CAUSES OF DEATH

Primary General Debility

93

How long

2 yrs +

Immediate Senile Pneumonia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

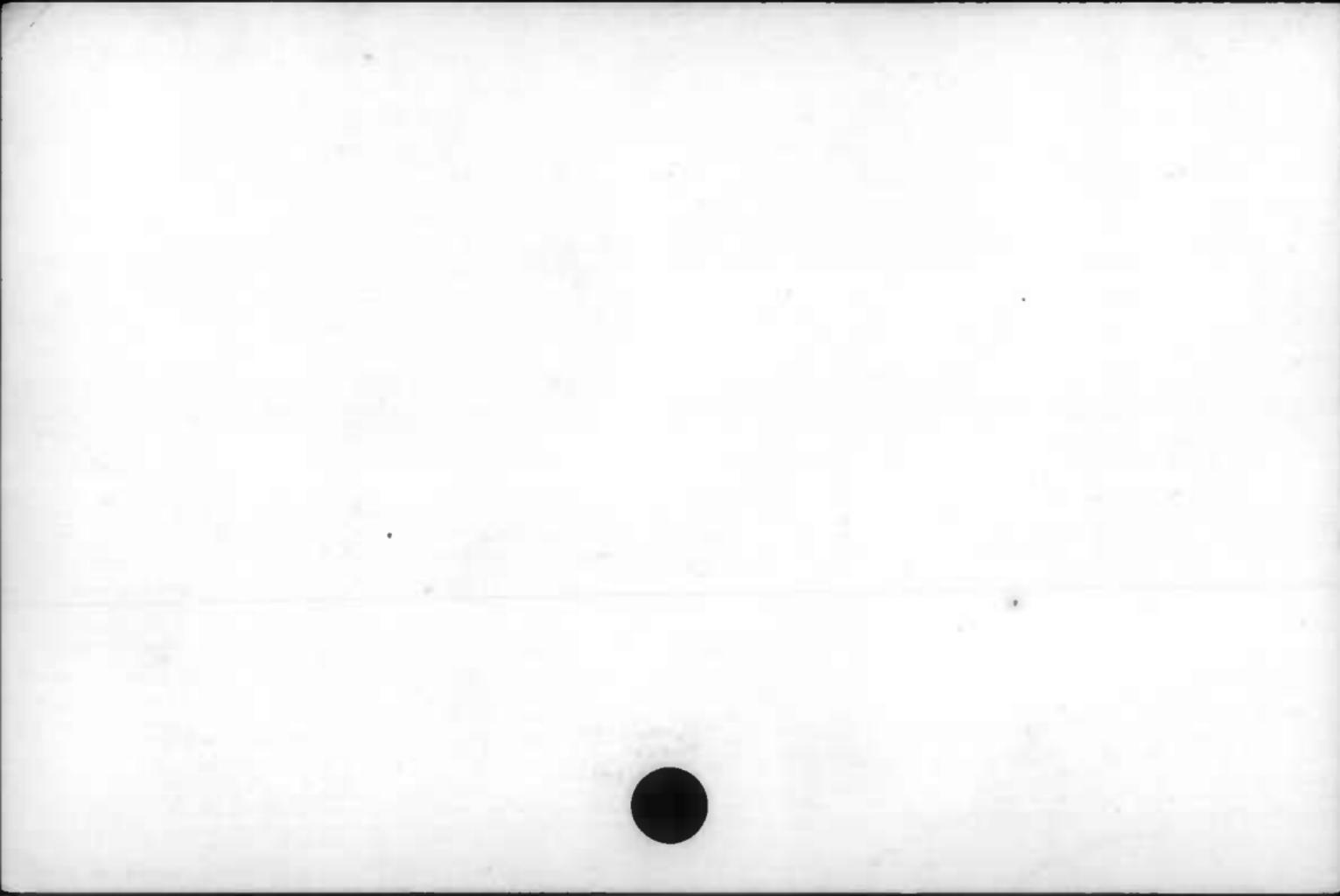
Signature of Physician

Address

H.B. Hadday

Gaithersburg
Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Geo E. Walker

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Died at	Gaithersburg	Montgomery				
Date of death	Month	Day	Years	Months	Days	
1910	3	20	59	8	8	
Sex	Color or Race	Birth-place				
Male	White	Md				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Married	Ella S.					
Father's Name	Father's Birthplace					
Hannah J. Walker	Md					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information		How related to deceased				
Ella S. Walker		Wife				

CAUSES OF DEATH

120

How long

2 years

How long

1 week

Primary

Interstitial Nephritis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

E. C. Tschirhart, M.D.

Address

Gaithersburg

Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Crawford Watkins				
Town	County			
Died at near Damascus	Montgomery		MARYLAND	
Date of death 1960	Month Mar	Day 9th	Year	Month 6
Age			Days 10	
Sax Male	Color or Race white	Birth-place near Damascus, Md		
Occupation	Where Raiding if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Ernest Watkins			
Mother's Maiden Name	Susie Sherman			
Name of person giving Information	Ernest Watkins			

CAUSES OF DEATH

91

How long

How long

PHYSICIAN
OR CORONER

Primary

Inanition and Broncho-Pneumonia

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

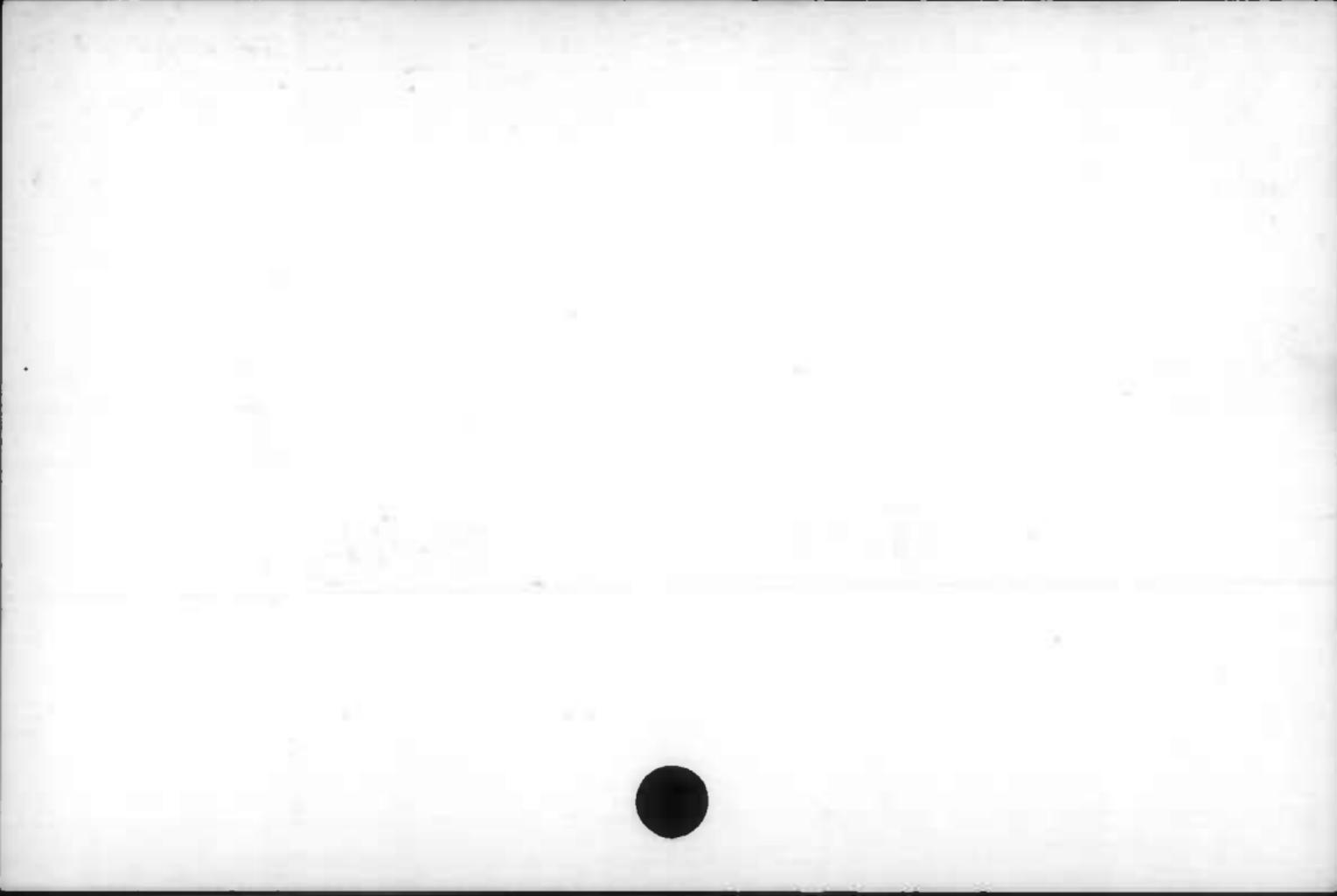
Signature of Physician

Address

G. M. Boyer

Damascus
Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1950	Month Mar	Day 29	Years 78	Months 3	Days 7	
Sex	Female	Color or Race	White		Birth-place	Washington D.C.	
Occupation	None		Where Residing if not at place of death		—		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Richard C Watson		Father's Birthplace	Virginia	
Father's Name	Albert C Newmether				Mother's Birthplace	Washington D.C.	
Mother's Maiden Name	Eliza Sharpe				How related to deceased	Sister	
Name of person giving Information	Anne Newmether				How long	105 years	

CAUSES OF DEATH

(105)

v

PHYSICIAN
OR CORONER

Primary

Gastro Intestinal Bleeding

How long

Senile psychosis

Immediate

Passive Pneumonia

How long

1½ days

Are the name, age, sex, color, date and place correctly given above?

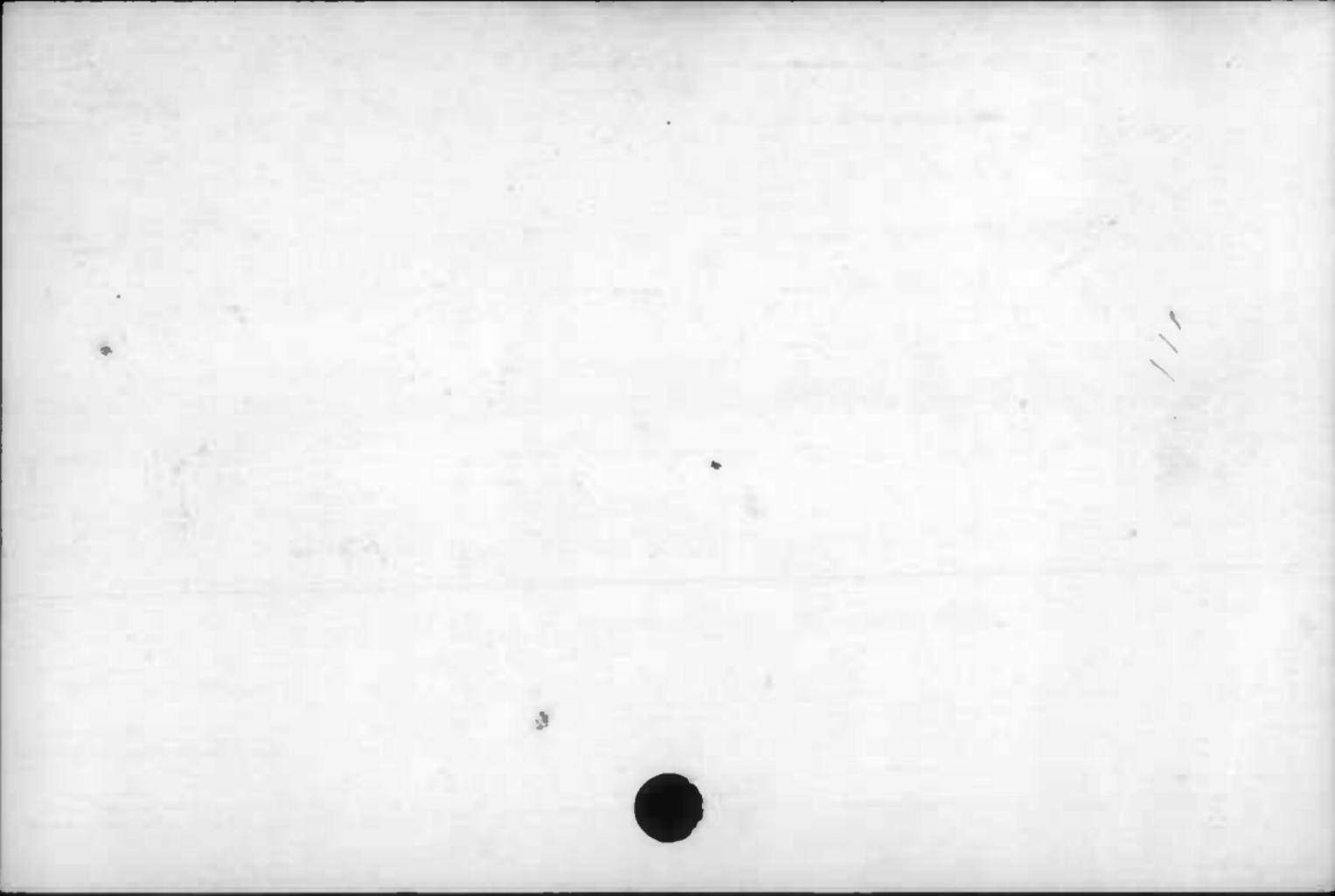
yes

Signature of Physician

Address

V H Dyson
Laytonsville
Md

Accident or Suicide?



Name
in
Full

Charles Edward Waugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Reusington Montgomery MARYLAND

Date
of death 19

Month

Day

Years

Month

Days

1910 March 28

Age

4

27

Sex

Male

Color or
Race

white

Birth-
place

Occupation

None

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Name of Wife or
Husband

Single

—

Father's
Birthplace

Med

Father's
Name

Wm F Waugh

Mother's
Maiden Name

Sister & Howell

Mother's
Birthplace

Med

Name of person giving
Information

John Waugh

How related
to deceased

Bro

CAUSES OF DEATH

108 ✓

How long

Primary

Massacous.

3 months

Immediate

Acute Gastritis

3 days

Are the name, age, sex, color,
and place correctly given above?

Signature of
Physician

Address

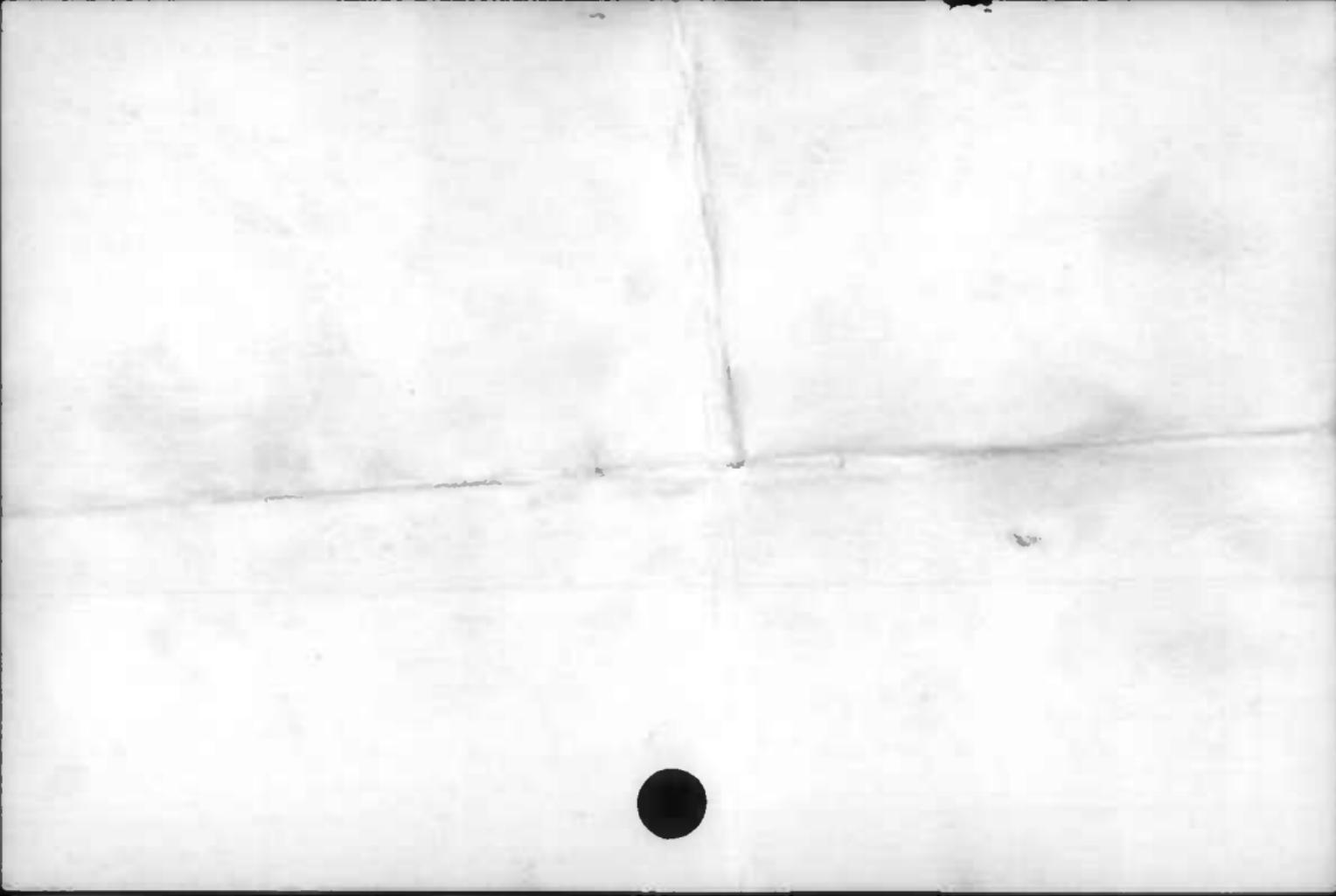


Yes
no

Englewood
Reusington

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John W. Whittle

Town

County

MARYLAND

Died at

Burtonsville

Montgomery

Date of death

Month

Day

Years

Months

Days

1910 March 19

Age

67

Sex

Male

Color or Race

Birth place

Occupation

Farmer

white Montg Co Md

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or Husband

Carrie Whittle

Father's Name

William Whittle

Father's Birthplace
Montgomery Co Md

Mother's Maiden Name

Mary Gates

Mother's Birthplace
Md Co. MdName of person giving
Information

Carrie Whittle

How related
to deceased

125

Primary

On the Prostatic portion of the urethra

CAUSES OF DEATH

carcinoma

How long

2 weeks

Immediate

gangrene

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

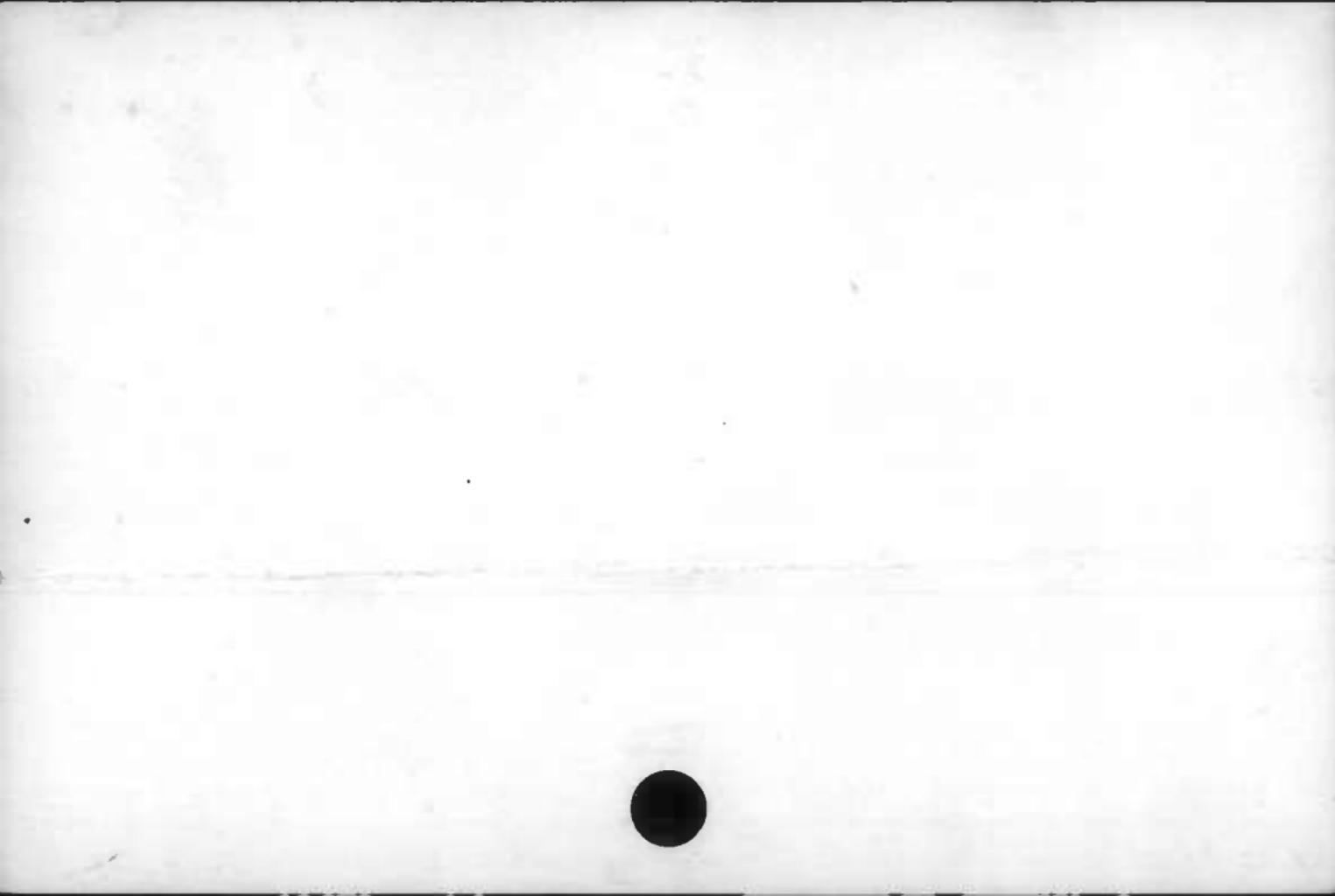
yes

Signature of
Physician

Address

J. R. Butson
Spencerville
Md

Accident or Suicide



Name
in
Full

Mary E. Wier

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Fairview near Silver Spring Town Montgomery Co. County

MARYLAND

Date of death 1901	Month Mar	Day	Years 64	Months 2	Days
Sex White	Color or Race White	Birth-place Loudonco Va			

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Mrs J. Wier

Father's Name

Joseph Mock

Father's Birthplace

Na

Mother's Maiden Name

Mary Mock

Mother's Birthplace

Va

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary

Cancer face and throat

44

How long

over year

Immediate

undetermined (exhaustion effusion)

How long

2-4 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. R. Elsner M.D.

Address

641 East Capitol St.
Washington D.C.

PHYSICIAN
OR CORONER

Accident or Suicide?

